



Thatcher disbands think tank and delays Police Bill

By Philip Webster, Political Reporter
The Central Policy Review Staff, the Cabinet's "think tank", set up in 1971, by Mr Edward Heath, is to be disbanded at the end of July.



Solemn return home for the Pope

From Roger Boyes Warsaw
His face taut with emotion, the Pope returned to his homeland yesterday, kissed Polish soil and immediately spoke out on behalf of those Poles who are suffering and are imprisoned for their belief.

Airport greeting: The Pope with Professor Jablonski, Polish Head of State

TOMORROW

and graces Sunday Sheridan...
tonate look at opera in Britain, weekend breather Cotswolds and a Sweden - from the me to theulous.

ane puts Europe in race

the European Space rocket, performed to launch two satellites National Space Centre in Guiana. The launch hope into serious com-

ld finance s to meet

finance ministers of the st Germany, France, and Japan will meet in next month to discuss rates and economic

gtage blow

mortgage queues likely yesterday as Bank announced that it is out of the home loans for the foreseeable future.

ANCIAL TIMES

opened at the arbitration over the dispute...
vented publication of the Financial Times for 15 issues; index closed at 715.7.

ly spectacles

national Health Service is to be the first spectacles specially for women, after years of discussion and twenty years of Page 3

les land

ing Sea Eagles arrived in from Arctic Norway and an RAF Nimrod, for the nature reserve on id of Rhum, Page 3

rgar error

underwriters said re contacts with ers of the racehorse resulted from misun- lings, and confirmed re prepared to pay £7m vners, Page 3

Kinnock ready to abandon pledge to leave EEC

By Anthony Bevins, Political Correspondent
Mr Neil Kinnock, the runner-up contender for the Labour Leadership, is next week expected to ditch the party commitment to withdraw from the EEC.

12 expelled from Stowe after drugs ambush

By a Correspondent
Twelve pupils have been expelled and five others suspended from Stowe School in Buckinghamshire, after teachers uncovered a drugs ring by ambushing four boys who stole a master's car in the middle of the night to go to a party.

Andropov becomes Soviet President

From Richard Owen, Moscow
Mr Yuri Andropov was unanimously elected Soviet President yesterday at a session of the Supreme Soviet in the Great Kremlin Palace. There were no other candidates, and the decision was automatically approved.

BSC gets £55,000 part-time chief

The Department of Trade and Industry last night confirmed the appointment of Mr Robert Haslam, chairman of Tate & Lyle, the sugar company, as the part-time chairman of the British Steel Corporation.

BBC pulls out of Ascot

By Kenneth Gosling
Television coverage of the Royal Ascot meeting today and racing from Ascot Heath tomorrow has been abandoned by the BBC after members of its outside broadcast staff who began industrial action on Wednesday refused to sign undertakings yesterday to work normally.

Watch on Lebanon activities Soviet spy ship keeps eye on Israelis

From Robert Visk On board USS Virginia Eastern Mediterranean
The Soviet Union has sent one of its sophisticated destroyers into the Eastern Mediterranean, along with a frigate and an intelligence-gathering ship, to monitor the activities of the Israeli Army in southern Lebanon and keep watch on units of the US Sixth Fleet off Beirut.

'Famous two' sue

Anna Ford and Angela Rippon are to sue TV-am for breach of contract over their dismissal as presenters in April Page 3

Follow the Leader advertisement with large stylized text

Belle's Scotch Whisky advertisement featuring a bottle image and text 'the quality scotch' and 'ARTHUR BELL & SONS P.L.C. ESTABLISHED 1825 AND STILL AN INDEPENDENT COMPANY'

Table with 2 columns: Time/Event and Page/Details. Includes items like '2.3 Events', '4.5 Law Report', '12 Motoring', '6 Sale Rooms', '14-17 Scheme', '18-20 Sport', '17 TV & Radio', '24 Theatre and', '10 Weather'.

Rail unions form federation

The two main rail unions yesterday forged a formal link and pledged themselves to use the new joint agreement to fight cuts in the railway network...

Mr George Willoughby

Yesterday's article about divisions within the Communist Party stated that Mr George Willoughby, secretary of the London Central branch of the party...

Pledge over safe cruise

Cruise missiles will not be deployed in Britain until they have complied fully with all necessary safety procedures...

Man falls out of ambulance

A man was critically ill last night after falling from the back of an ambulance while it was travelling at 40 mph...

Paralysed lone sailor sets off

Mr Michael Spring, a lone yachtsman, left Falmouth yesterday in an attempt to sail 2,400 miles to the Azores...

Falklands 'still killing soldiers'

Servicemen are still dying as a result of the Falklands war although hostilities ended a year ago...

Calvi flight saved the Italian Government, inquest is told

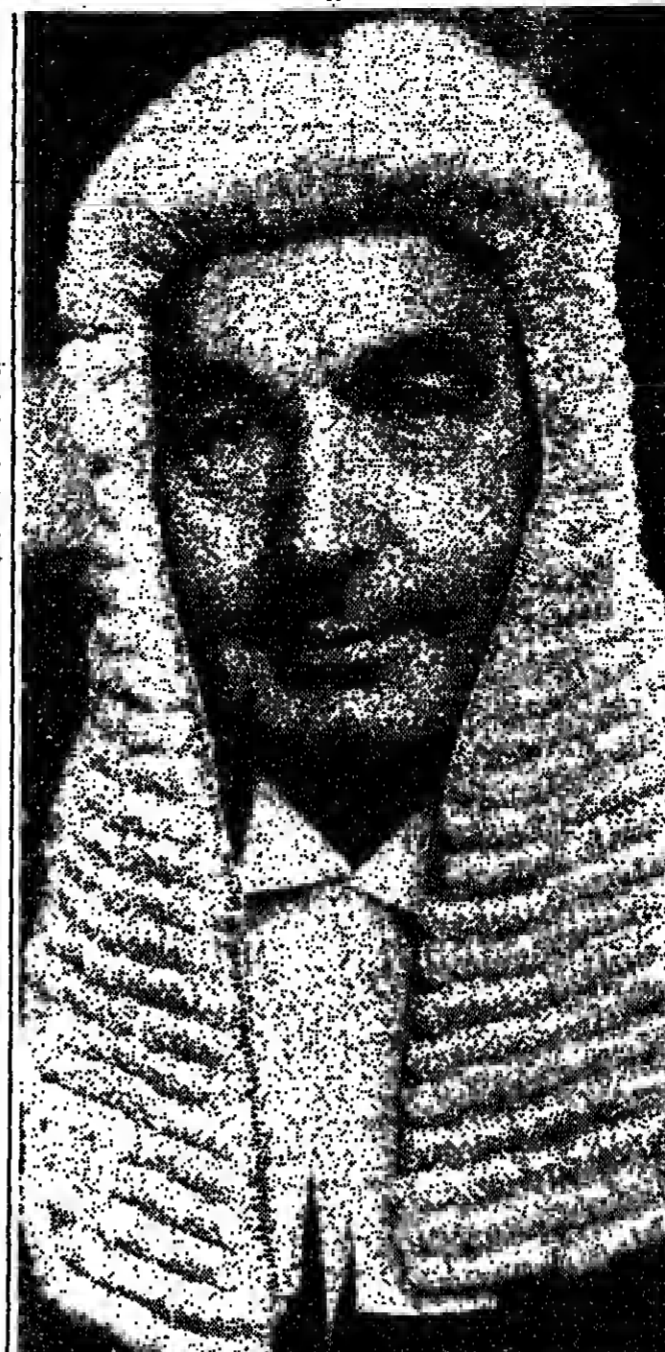
A business associate of him conscious but immobile for a longer period. Asked by Dr Arthur Gordon Davies, the City of London Coroner, how he reacted to this alleged statement by Signor Carboni, Mr Clarke said: "It was a totally bizarre situation outside my experience..."

Labour leadership TGWU not to consult members

The 208,000 block vote of the Confederation of Health Service Employees will now be allocated after consultations have taken place among its 800 branches...

Cromwellian spending schemes

Revolutionary new parliamentary controls on government spending, including a suggestion that for the first time since the days of Oliver Cromwell government borrowing should be vetted...



Law halts church 'boycott'

The law has forced a change in direction of the Methodist Church's policy towards South Africa. The funds are managed by a charitable trust...



New men in other places: Left, Mr Bernard Weatherill, the new Speaker of the House of Commons at the Speaker's House yesterday.

Science report Comb jelly fossil is 'rarest of all'

The first example of a fossil from the group of animals commonly known as comb jellies has been detected in a slab of German slate...

Single board likely to replace ILEA

A single board, comprising representatives of London's 12 boroughs and the City, is expected to replace the Inner London Education Authority...

Sale room Rare Tang dynasty pot sets new record price

Many of the world's richest ceramic connoisseurs were attracted to New York on Wednesday for an auction of Chinese Tang dynasty pottery...

ARE YOU RESPONSIBLE FOR PUBLIC AFFAIRS OR HAVE A BUSINESS INTEREST IN THE POLITICAL FIELD? If so, can you remember. Which Ministers deal with your industry's problems? Who are your constituency MPs? Which Bills the Government promised to reintroduce early in the new Parliament?

Theatre fight over £90-a-week wage

Andy Readman and Rosemary Ashe, two actors, who were told yesterday by their union, Equity, not to sign contracts for work in provincial theatres after September 5...

RUC officer shot in day of bomb attacks

A policeman was seriously injured in a terrorist shooting yesterday during six hours of bomb attacks and hoaxes which brought traffic chaos to Belfast...

Charity body eschews moral judgment. The Charity Commission reaffirmed in their report 1982, published yesterday, that the organization is a "judicial" body which can make moral judgments...

Overseas selling prices. The prices of overseas goods have risen by 0.5% in the last month, according to the latest figures from the Office of National Statistics...

NHS launches old-look spectacles for women after 20-year study

By David Hewson

One of the earliest products of National Health Service bureaucracy, a new pair of spectacles will be launched within a fortnight. The design, the first made specifically for women, is the end product of two years of discussion at the Department of Health and Social Security. But health officials have been deliberating over the future shape of the spectacles for nearly two decades.

When Mrs Barbara Castle was Minister for Health in the 1960s she initiated a programme to introduce replacements for the much criticized original range, but the final designs were not agreed. The new spectacles are the result of an initiative by Dr Gerard Vaughan who, while Minister for Health in the last government, once described the old range of glasses as being

"like something out of a museum". For all the anticipation of its launching, the new frames are hardly in line with today's style, which favours lightweight, thin-armed, low-jointed, large lensed frames of colourful plastic. The 924, as the model is known, has heavy lines, with a slight upsweep, giving a distinctly old-fashioned look. Given the vagaries of fashion, the current 524 plastic NHS frame introduced in 1948, may be considered more chic by some of today's spectacle wearers.

The Government is committed to going ahead with the launching and at least half a million pairs are ready for dispatch by about 16 manufacturers. They should be with opticians by July 1. The 924 is only the second standard NHS frame to be made in plastic, and comes in four colour options, sherry, tan and lilac, all two-toned, and mottled brown.

The price has not yet been disclosed, but other frames cost from £2.05 for the plastic 524 to £13.05 for a plastic-coated metal frame in the style worn by John Lennon, the former Beatle. The price of NHS-subsidized lenses, £8 to £31, is additional.



Eyes have it: Amanda Dixon, aged 19, trying the new National Health Service spectacles for size yesterday. (Photograph Chris Milligan).

'Socialite' theory on river body

The heavily jewelled woman whose body was found wrapped in cloth and weighted in the river Trent near Nottingham on Tuesday could have been a businesswoman or an upper-class socialite, detectives said yesterday.

Police said they had few clues to the murdered woman's identity apart from the jewelry, worth £700, she was wearing and her teeth, dental records were being checked.

Det. Supt. Colin Rawlinson said: "She may well have been a well known socialite or professional woman, who had to keep up appearances. The jewelry is very tasteful, and her personal hygiene meticulous. Her teeth showed dental work of the highest quality, suggesting expensive private treatment."

Knife killer jailed for life
A jilted man was jailed for life at the Central Criminal Court yesterday for stabbing his former lover to death on the Thames embankment.

Rolls raider
Police were looking yesterday for a thief who used duplicate keys to steal £1,520 in cash and travellers' cheques, and camera equipment worth £300 from the boots of two Rolls-Royce cars parked at Ascot racecourse.

Food summonses
Bow Street Magistrates' Court yesterday adjourned until September 19 44 summonses against the Cafe Royal, in London, alleging breach of food hygiene and health and safety regulations.

Sea eagles flown to Scotland

By Ronald Faax

A batch of 10 young sea eagles arrived in Scotland yesterday from Arctic Norway on board an RAF Nimrod aircraft. They were banded, at fastest speed, for the national nature reserve on the island of Rhum off the coast of Scotland, where 52 young sea eagles have been released during the past eight years.

The arrival of the latest birds, noble-looking predators with an eight-foot wingspan when mature, coincided with an announcement by the Royal Society for the Protection of Birds that the experiment to encourage the return of sea eagles into the natural environment in Scotland was showing signs of success. Eggs were laid in two nests this year, but none hatched, probably because the parents were still immature.

The RSPB staff who found the nests and mounted a watch over them were disappointed, but confident that this could be the first sure sign that the patient work by the society and the Nature Conservancy Council will prove successful next year.

Fall in road accidents credited to motorways

By Michael Bailly, Transport Editor

Britain's roads are twice as crowded as in 1960, but injuries from road accidents have more than halved. This is partly because of the expansion of motorways, from 192 km to 2,539 km, which are considered to be about six times as safe as ordinary roads.

The number of cars continues to rise despite the recession and rising petrol prices. The number of vehicles in use rose from 10 million in 1961 to 19,400,000 in 1981, according to the British Road Federation (BRF). The number of driving licences rose from 12,100,000 to 25,600,000. The number of women drivers is increasing faster than male drivers, an increase of 15 per cent over the past three years, compared with 3.8 per cent for all drivers.

freight journeys are made by road. By 1981 there were 57 vehicles for every kilometre of road, compared with 29 in 1960. Despite its high traffic level, Britain has one of the world's worst records on road expenditure as a proportion of state revenue. Road users paid more than three times as much in taxes last year as was spent on roads, the BRF claims, £9.3m compared with £2.8m. Britain spent 2.3 per cent of state revenue on roads in 1981, compared with 7 per cent in France, 4.9 per cent in Germany, 13.4 per cent in Italy, 5 per cent in Japan and 4.7 per cent in the United States. The BRF admits that road spending has improved in recent years but estimates that another £13,000m needs to be spent.



Long and winding road: Mr Pinney's flock makes progress. (Photograph: Andrew Varley).

Trailing the golden hoof

By Michael Horsnell

Mr Aza Pinney is following the 400-mile trail of his ancestors by shepherding a flock of Cheviot sheep from Scotland to Exmoor.

With his dogs Roy and Shep, Mr Pinney, aged 47, has now trodden green pastures for five weeks on a three-month trek southwards to resurrect the tradition of moving livestock from the Scottish hills to the lowlands of England.

Simple shepherd the Eton and Oxford-educated Mr Pinney is not. In 1970 he forsook the crook of his forebears for the television studio as an independent producer. But behind most film makers, he says, is an instinctive desire to return to their roots. Hence the fulfilment of an ambition which was originally inspired by his mother. She told him about the legends of migrant shepherds who on arrival from distant parts of Britain found the sheep they had brought with them unable to survive the harsh environment of Exmoor, and so travelled to Scotland to purchase hardier breeds.

Mr Pinney, who is married with six grown children, is aiming to investigate the importance of sheep and of the wool industry to his ancestors, and is making a television series in the process.

Interviewed at Heddon Bridge, West Yorkshire, he said: "Few areas of Britain have not felt the impact of sheep. It is not for nothing that the Lord Chancellor sits on the woolsack and that sheep are often referred to as the golden hoof."

Mr Pinney, a former chairman of the branch in Bridport, Dorset, of the National Farmers' Union, left the Borters town of Hawick on May 11 with 53 ewe hogs (and a large number of television technicians) for a steady four-and-a-half-mile-a-day journey south.

More than 250 farmers and landowners have given their permission for the flock to cross their land, and 81 have agreed to allow Mr Pinney to graze his sheep overnight.



Child killer went back to work

From Our Correspondent Northamptonshire

Robert Julian, a self-confessed child killer, was back at work on his market stall only a few days after being sent to a mental hospital, police disclosed yesterday.

Julian, a coin dealer, of Queen's Road, Wilbarston, Northamptonshire, told the police that he had killed his baby son because "the Russians had landed" and he wanted him to die peacefully.

A Birmingham Crown court judge accepted his plea of not guilty to murdering his son on the ground of diminished responsibility. After Julian had admitted manslaughter he was granted bail on condition that he be sent to St Crispin's Hospital, in Northampton, for medical reports.

The court had been told that Julian was suffering from schizophrenia and was having hallucinations at the time of the offence last year. He ran naked from his home in the middle of the night carrying his son and attacked him in a field.

Det. Chief Inspector Robert Thorogood, of Northamptonshire police, said yesterday: "We can confirm that he did go out for a weekend, but unless there is a change in the bail conditions it is unlikely he will be out again."

Mr Peter True, the administrator of St Crispin's, said that Julian had been allowed out with the knowledge of medical staff as part of his treatment. "He is now staying at the hospital at all times."

BBC criticized over youth music contest

From Tim Jones, Cardiff

The BBC was accused yesterday by the heads of singing faculties at some of Britain's leading music colleges of being "highly irresponsible" for its plans to hold an international music competition.

In a letter to Mr Geraint Stanley Jones, controller of BBC Wales, the academics have asked him to drop the competition, which is due to be recorded in four weeks' time.

Young classical singers from 18 countries have agreed to take part in the contest, the Cardiff Singer of the World, described as being for singers of a minimum age of 18 on the threshold of their professional careers.

The letter, signed by Professor Lyndon van der Pump, of the Royal College of Music, on behalf of the head of singing at the Royal Academy, says: "We wish to express our profound disquiet at such a venture."

"Young singers of 18 are emphatically not on the threshold of their careers and in our view should not be exposed to the stresses and publicity that such a competition as this will demand."

The letter is also signed by Majorie Thomas, head of the singing faculty, Royal Academy of Music; Alexander Young, head of the school of vocal studies, Royal Northern College of Music; Manchester; Neilson Taylor, Royal Scottish Academy of Music and Drama, Glasgow; Elizabeth Haines, chairman, singing faculty, Trinity College of Music, London; Noel Barker, head of singing faculty, Guildhall School of

Ford and Rippon to sue over dismissal

By Kenneth Gosling

Anna Ford and Angela Rippon, two of the original "Famous Five" of TV-am, commercial television's breakfast network, are to sue the company for breach of contract over their dismissal in April as presenters.

Miss Ford said yesterday: "A writ is in the process of being served. We hoped they would see sense and pay us without going to court. We hoped they would behave like gentlemen, but they have not."

She was speaking at a BBC reception marking 10 years of the radio programme *Checkpoint*. As soon as she arrived she was questioned about a wine-throwing incident in London earlier this week involving Mr Jonathan Aiken, who took over TV-am after Mr Peter Jay was deposed. But she refused to be drawn, saying the incident had been blown up out of all proportion.

She was clearly still angry, however, over what had happened to herself and Miss Rippon when the television station changed hands after a dramatic drop in its audience ratings. "I have not seen *Good Morning Britain* TV-am's breakfast show) in ages", she said.

Miss Ford also announced that she was to sue Mr Timothy Aiken, chief executive of TV-am, over remarks concerning herself in the *Daily Express*.

TV-am said yesterday: "We have not received a writ, nor any notification."

Aids study in new VD unit
A research unit to investigate venereal diseases, made possible by an anonymous donation of £300,000, was officially opened in west London yesterday, Pearce Wright, Science Editor, writes.

Additional funds have been provided by the Wellcome Foundation for research on Aids, the lethal disease which has been particularly rife among some homosexual communities in the United States; it is thought to be caused by a virus.

The unit, at St Mary's Hospital, Paddington, is called the Jeffries Research Wing, after Dr James Jeffries, who has been senior venereologist at the hospital for 20 years. It is believed to be the first purpose-built research unit for investigating sexually transmitted diseases constructed in Europe since the 1930s.

It is next to St Mary's Praed Street clinic, the busiest venereal disease clinic in the world.

Atlantic air fares to be cut
By Our Transport Editor
North Atlantic air fares will drop in the autumn as airlines compete to fill empty seats after the summer peak.

Trans World Airlines announced yesterday a 25 per cent cut compared with last winter in the cost of return tickets booked in advance to London to New York and other American cities. The other main airlines on the route, British Airways and Pan Am, are expected to follow suit.

The new £258 London to New York return is still more expensive than the £99 single offered by People Express and is restricted to midweek travel, booked 60 days in advance. It will apply from September to March except for the Christmas fortnight.

TWA made no mention of People Express, describing the new fare as an attempt to prolong into the winter the excellent bookings for this summer.

Selling software to the family

By Bill Johnstone, Electronics Correspondent

Software for the family is one of the main themes of the four-day microcomputer exhibition, Birmingham and London have attracted more than 80,000 people. The price of the hardware (computers) being offered by the manufacturers is dropping almost daily because of the severe competition. It is the software (the computer programs) which is gaining prominence. The fair has an abundance of companies which have emerged over the past

past 12 months similar exhibitions mounted in Manchester, Birmingham and London have attracted more than 80,000 people. The price of the hardware (computers) being offered by the manufacturers is dropping almost daily because of the severe competition. It is the software (the computer programs) which is gaining prominence. The fair has an abundance of companies which have emerged over the past

few years to provide extra support and peripherals which the microcomputer user is now expecting. The days of the "boffin" being the typical owner of a home computer are long gone. More than 1 million of these devices have been sold to British households. Price of admission is £3 for adults, £2 for children today and tomorrow from 10 am to 6 pm and on Sunday from 10 am to 5 pm.

Police chief wins damages for libel

Commander Graham Stockwell, head of the Metropolitan Police fraud squad, is to receive "substantial" libel damages for an article in the *New Statesman* which falsely suggested that he had a "murky record", counsel told Mr Justice Goff in the High Court yesterday.

Mr Charles Gray, for Commander Stockwell, said the *Statesman* and Nation Publishing Co. Mr Bruce Page and Q B Ltd - the publishers, former editor and printers of the magazine - and the journalist Anna Coote, had also agreed to pay Commander Stockwell's legal costs.

Mr Gray said Commander Stockwell, a policeman for 27 years, had an impressive record. On March 13, 1981, under the heading "New Cross Death Fire: police chief's murky record", the magazine published an article written by Ms Coote. The article suggested that

during an investigation in 1972 into the murder of Maxwell Confait, Commander Stockwell deliberately falsified the record of answers given during questioning by three young suspects.

"The article went on to suggest that Commander Stockwell, as officer in charge of an investigation into a fire in Deptford in January, 1981, which resulted in the death of 13 young people, had been responsible for the harassment and threatening of young witnesses by officers under his command.

Mr Gray said the defendants now accepted that their criticisms of Commander Stockwell, were unfounded. Mr Jonathan Caplan, for the defendants, said they now recognized that the criticisms of Commander Stockwell were groundless. "Through me they express their sincere apologies to him."

Time is our secret. Heineken beer advertisement with logo and text.

Handwritten Arabic text in a box at the top right of the page.

This advertisement is published by J. Henry Schroder Wagg & Co. Limited on behalf of The Peninsular and Oriental Steam Navigation Company.

"Down the river only £2.15"



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Last month we called in three teams of valuers to value our principal U.K. properties and ships.

The above figure is based on their highly skilled, independent valuations.

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And ignore Trafalgar's latest red herring about tax on the sale of our assets.


We are not in the business of selling valuable assets.

Make no mistake, Mr. Broackes is after your stock on the cheap. His bid is derisory.

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Trafalgar's Deferred Stock offer is worth £2.15p per £1 of P&O Deferred Stock based on the middle market quotation of a Trafalgar Ordinary Share on 15th June 1983 of £1.72p as derived from the Stock Exchange Daily Official List.

P&O



A SPECIAL REPORT

Private health

A new relationship, or running repairs for the affluent? George Hill reports

"We shall continue to encourage... private health insurance... this valuable supplement to state care", the triumphant Tories declare in their election manifesto - a commitment likely to attract much speculative attention at home and abroad in coming months. It gives little away as to ways and means, and Conservative leaders were at pains during the election campaign not to enlarge on the subject and give currency to alarmism about plots to dismantle the NHS.

Until the election was settled, private planners could not be sure whether the spectacular recent expansion of health provision outside the NHS was an ephemeral growth or the start of a new relationship between the state sector and the rest. The Labour Party, committed by its conference last year to an outright abolition of private medicine (a threat watered down in the manifesto) would have provided a very insecure environment for risk-takers in the next few years. Now that uncertainty is out of the way...

But that does not mean anything resembling the sudden upsurge of a few years ago is likely to resume. In five short years the number of people covered by private health insurance almost doubled, while turnover more than trebled. Optimistic observers began to hazard hopes that numbers might be three times as high again by the mid-eighties. Those predictions look lame now, and the slowing-down of growth that occurred after 1981 had causes more profound and intractable than doubts over the coming election.

As often happens following a great expansion, a period of laking stock has followed - of adjustment to new problems, and of intervention by new forces attracted by new opportunities. The state of private health care has never been so diverse or so fluid, and high hopes have to be set against very real fears.

The expansion was mainly a consequence of two once-for-all developments. The prime impetus is to the credit of the 1974 Labour Government, its attempt to extirpate private beds from the NHS forced the insurance associations to set about providing more facilities for themselves. At the same time private employers became alive to the advantages of block health insurance schemes at a discount for their employees and their dependants. These successes encouraged more directly profit-minded developers to enter the market.

The scramble to provide beds has by now more than compensated for the loss of NHS beds in some parts of the country and under the Conservatives the decline in NHS private beds has itself been reversed. Once the country's largest employers had set up discount schemes, growth in recruitment began to decline. Medical costs have risen faster than general inflation, the new clients have begun to exercise their right to make claims, and the shortage of beds threatens to turn into a problem of oversupply.

The prospect of rich pickings has attracted entrepreneurs who are prepared to compete robustly by undercutting premiums and offering "loss leaders". Sharper competition and tighter margins are bound to force insurers to grow more sophisticated in their actuarial planning and in their audit of treatments and hospitals. An instability threatens in which there may be losers as well as gainers.

Whether this more aggressive market will snatch many more customers depends more on outside influences than internal ones. In principle, of course, the prospects for expansion are immense. The privately insured sector still covers only a fourteenth of the population, while the NHS, which covers everybody, is as popular a national object of affectionate and out-so-affectionate grumbling as mothers-in-law.

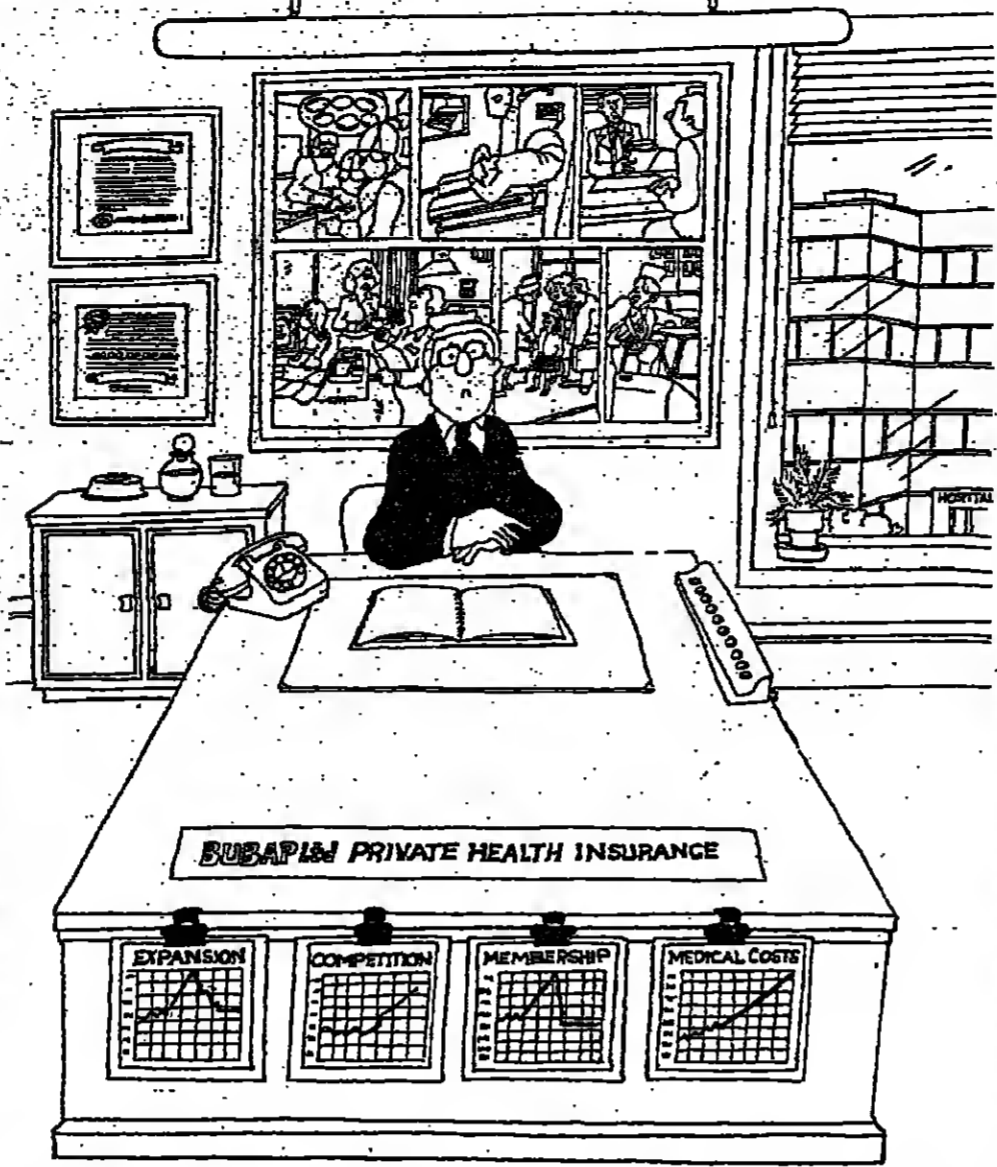
Yet the insurance principle has remained surprisingly narrow in its ambit. It has scarcely even touched what is, in fact, the main area of private health provision outside the NHS - that of clinics and nursing homes for the chronically sick and the old.

If the service offered by the NHS became markedly less attractive, the private sector might be able to compete on a wider front. Since public spending is very likely to rise faster than national output, the possibility of more constraints, more hospital closures and more increases in prescription charges is not remote. But against the same background of faltering prosperity, the costs to the private sector of adapting to provide a more comprehensive service (medically and geographically) would be so high that it might inhibit a shift.

A significant realignment depends on outright inducements from the Government. The private sector would have to grow dramatically before its effect in permitting savings on public expenditure could be anything but marginal (even marginal savings are welcome in hard times, however). On ideological grounds the Government would certainly like to see an expanding private sector, but it is effectively committed to retaining the basic present structure of NHS financing, and is evidently well aware of the political dangers of being seen tampering with it. It has stuck to its market principles in allowing charges in the NHS private treatment to rise steadily in response to costs. It has not yet responded to appeals from the industry to widen the tax exemptions for premiums.

Up to now, the official emphasis has been on cooperation rather than rivalry. That is realistic, and in the best interests of both sides. There is much that the private sector does - and much more that it could do - through sharing staff and technology to bring benefits to NHS patients. The partnership can give the customer wider choice and draw more funds into health care, than governments would dare squeeze out in taxes. It provides too small and limited a service to constitute a serious rival to the NHS, making it possible for it to be starved of political attention and resources.

At what level it might become a threat it is hard to say. Earlier in the last Parliament, before the election began to cast its shadow, Think Tank rumblings and junior ministerial hints raised the possibility of a private sector as much as a quarter the size of the NHS. That would require not a governmental nudge, but a heave. Evidence from other countries offers little to suggest that where insurance dominates instead of tax there is any assurance that medical services will be better in overall quality, economy or even responsiveness to consumer demand. But a private sector which allowed itself to be made a threat rather than a partner to the service used by the majority would one day find itself politically very vulnerable indeed.



Big money, big business and more patients

Anyone requiring proof that private enterprise is alive and well - warts and all - need look no further than the burgeoning provision of hospital beds for the paying patients. To opponents of private medicine, developments over the past three or four years will have furnished an unedifying spectacle of speculative interests lured on by false reports of a booming industry rushing to make a quick killing. More sympathetic spirits will see a rapid and efficient response to a clearly identified need. Neutrals will probably look to the next two or three years with even greater interest, as a fascinating study of the competitive principle in action.

Although few would care to put a precise figure on the optimum level of private hospital provision in Britain, few would equally deny that in many areas it is approaching, if it has not already reached, saturation point. The reasons are clear: the fall-off in the Middle Eastern market, the flattening of insurances demand, the continuing surge in medical inflation - two or three times the rise in retail prices - and the temptation of too much new money by over-optimistic forecasts. The results, though less clear, are nevertheless discernible, and point unmistakably to a shake-out.

How many casualties this causes is debatable: what seems certain is that diversity may suffer but efficiency - the delivery of a more predictable health care "product" backed by more money and constantly improving technology - will grow. But casualties are likely to be more than matched by vastly increased experimentation in new types of private hospital care, much of it aimed at cost-cutting. Signs are plentiful of this starting to happen.

Probably as never before, diversity characterizes the private provision of acute medical and surgical beds - what most people mean when they talk about private hospitals. Small, old-fashioned institutions set up by religious orders for the war wounded but now taking fee-paying patients are private hospitals: so are self-proclaimed centres of medical excellence like the American Humana Hospital Wellington, in central London, complete with brain room charges of up to £350 daily. Pension funds and City trusts own shares in hospitals; so do, or will, companies like British Caledonian and Grand Metropolitan Hotels; so too, do

hundreds of local GPs, consultants and businessmen.

American and Middle Eastern money has moved in recently to compete with UK sources. Avowedly profit-centred groupings - the British Community Hospitals Group, for example, looks for a 15 per cent return on equity - share the designation "private" with scores of non-profit-making hospitals, many independent and owned by local trusts.

Dominating the field still, and probably most typical of the average insured person's experience of private hospital care, as opposed to the mythology, are the Nuffield Nursing Homes. Last year, the twenty-fifth anniversary of the founding of the Nuffield Nursing Homes Trust, there were 31 hospitals with 1,076 beds, about 12 per cent of the 8,700 figure for private acute beds outside NHS hospitals usually cited by the trade associations. Significantly, the trust has recently devoted increased attention to improving efficiency and generating more finance internally, mainly for upgrading hospitals to keep pace with technology and provide the twin operating theatres now regarded as well-nigh standard in new buildings.

Good quality, reasonably priced private care

Last year it employed management consultants, increased its surplus from £1.46m to £2.50m and registered modest improvements in figures for length-of-stay and bed-occupancy rates, leading to a 13 per cent increase in the number of patients treated.

But the upgrading task facing the trust, when private health is suddenly big business and big money, is perhaps best illustrated by the policies adopted by BUPA Hospitals - like the trust, started by BUPA to provide good quality, reasonably priced private care mainly for the insured patient.

BUPA Hospitals was launched in 1977 in the face of the Labour Government's threat to private beds in the NHS and with the aim of ensuring private hospital provision for BUPA subscribers. It opened its first hospital at Manchester in April 1981, now runs or manages six, and has four more planned for opening over the next year. Each costs

between £5m and £6m, has two major operating theatres and full facilities for X-ray, pathology, physiotherapy, as well as a pharmacy and out-patient consulting rooms. They are built on sites with scope for further expansion and usually have between 50 and 60 beds. Sixty beds, according to Mr Michael Smith, executive director of BUPA Hospitals, is about right, anything less than 40 is unlikely to be viable. The older Nuffield hospitals, by contrast, average out at 36 beds.

Mr Smith reckons that the BUPA hospitals, which include some interesting joint ventures with both local and national business interests, are more keenly priced and tightly run than much of the American competition, and hence better placed to weather the relatively leaner times in prospect. The group prides itself on its market analyses, its capacity to identify the potential of an area to support private hospital beds and on its policy of staying out of areas already adequately stocked.

In Edinburgh, however, it is effectively pushing out - albeit by agreement - St Raphael's, a hospital run by a Roman Catholic order which has for years provided the bulk of the city's private surgical beds, but which is now, reluctantly to close them down. As well as BUPA's proposed Murrayfield Hospital, the city was also faced with a 76-bed proposal from the Hospital Corporation of America - eventually withdrawn by HCA. It thus nearly became one of those areas to have passed saturation point.

Central London is commonly thought to be the chief of these, so too, according to BUPA, are areas like Edgubstone and Solihull in Birmingham where hospitals run by Nuffield, HCA and American Medical International sit in uncomfortably close proximity.

St Raphael's provides a good example of the challenge facing the diminishing group of charities and religious foundations still providing acute care. Set up by the 106-year-old Little Company of Mary after the First World War, it has catered mainly for insured patients in its 30 surgical beds. But it has been confronted with rapid advances in technology and the pace of nursing which were proving too much for the sisters who ran it.

Sister Ignatius, the order's Provincial Superior, says the arrival of a BUPA hospital

Continued on page 4

"Now everyone's got their nose to the grindstone, what we need is a health care company to look after them," said the chairman.

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Photograph by BUPA Hospital Corporation

Peter Hopkirk undergoes a private health check

Everything you ever wanted to know about yourself

Twenty years ago I approached an eminent Harley Street doctor for a general medical check-up and was politely shown the door. Although young and healthy, I was feeling slightly the worse for wear, having twice that year been the unwilling guest of the secret police, first in Havana and shortly afterwards in Beirut.

Without so much as taking my pulse, the great man told me not to waste his time - or my money. "I can assure you, my boy," he said firmly, that there is absolutely nothing wrong with you.

Of course, he was perfectly right. But it was not an untypical reaction to what many British doctors then viewed as an unhealthy transatlantic pre-occupation with one's health.

Today, however, general health checks, using a whole battery of modern diagnostic techniques, have become respectable. The value of an "early warning" system, despite some die-hard resistance still, is recognized by many, if not most, doctors on this side of the Atlantic.

The vast majority of those "screened" today are sent by their employers, or come via private insurance schemes which offer the facility to their members at concessionary rates. A growing number of companies, including giants like IBM, avail themselves of the services of the several clinics and private hospitals offering general health screening facilities (which, because of the cost, the National Health Service does not).

Indeed, in industry annual check-ups are coming to be regarded by executives singled out for a free health screening as not merely a perk, but a status symbol. Costing around £130 a time (a little more for women, who have additional tests for undetected ailments) it is a clue to the value an employer places on one's health.

An increasing number of individuals, too, are availing themselves of the service as they

learn of its existence. For those living abroad, in tropical or high-risk health areas, additional tests can be included in the screening process.

To find out what progress had been made since my own abortive attempt to obtain a check-up in 1962, I visited the new AMI-run Princess Margaret Hospital at Windsor, which operates a health-screening clinic under Dr Graham Taylor, former Director of Medical Services for British Airways.

A firm believer in preventive medicine, Dr Taylor's early first-hand experience was gained with wartime air-crews, and later from the more exacting requirements of modern airline pilots.

Before any of the battery of scientific tests - on the patient's blood, urine, heart, lungs, etc. - are carried out, he is given an hour-long physical examination and interview by Dr Taylor. Female patients are seen by a woman doctor specializing in preventive medicine, who also carries out gynaecological and other tests.

During his initial session with the patient, Dr Taylor inquires about his work, life-style, family, his eating, drinking and smoking habits, whether he is happy, worried, under any kind of stress, and other relevant details of his personal life. He also needs to know the patient's medical history. Any one of these details, which are carefully (and confidentially) recorded, may prove relevant later on. For the doctor now has a fairly complete picture of the individual as a whole.

Now follows an extremely thorough physical examination of all those areas of the body likely to harbour hitherto undiagnosed trouble. The patient is encouraged to draw the doctor's attention to any aches and pains, or any other worries he may not have bothered to go to see his busy GP about.

Finally there are the clinical tests. These include blood and urine samples (the patient must not eat or drink anything



Peter Hopkirk on the examining table

besides water overnight), a chest X-ray and an electro-cardiogram check for potential heart trouble. The laboratory examination of blood and urine samples, for example, may give early warning of kidney, liver or heart ailments, or of latent diabetes.

Dr Taylor estimates that some ten per cent of those screened will need referring to a consultant for treatment of some kind. Often this will be something quite minor, but the important thing is to catch it early, whatever it is. The tests are particularly designed to detect diseases of the crucial cardio-vascular group, which kill some six out of ten people eventually, and also stress-induced ailments like ulcers and even asthma.

A copy of the screening report is normally sent to the patient's GP, who should already know that he has gone for a screening, pointing out anything that is amiss. Where an employer is paying, a copy of the report may also be sent to the company doctor, but only with the patient's prior agreement.

Dr Taylor believes that everyone over the age of 50, preferably younger, should be screened annually. "We can't promise to pick up everything," he told me, "but we can find out a lot."

The three-year-old Princess Margaret Hospital, conveniently placed for those flying into Heathrow, is one of several centres in Britain offering these facilities. In London, there are

three principal clinics, including one run by BUPA and another by the Institute of Directors, as well as a number of smaller ones. They provide very roughly the same screening programme, though the emphasis may vary according to the predilections of their medical advisers.

Screening has one important psychological side-effect (at least for the vast majority who are not referred for medical treatment). That is the relief of discovering that one has a clean bill of health, even if one is given a gentle wiggling by Dr Taylor for drinking too much, or not taking enough exercise. Indeed, after one flabby executive had been screened, his boss ordered him to spend two hours a week in the company gym - or face being sacked.

More beds every year

There has been an explosion of private hospital building in Britain over the past few years. Since 1976, 53 private hospitals have been built. Why has this happened, what has it achieved and for whose needs is it catering?

One private hospital pioneer, Dr Arthur Levin, previously medical adviser to companies such as Rolls-Royce and British & Commonwealth Shipping Co., saw, in 1970, the need for a private hospital in London with better facilities than then existed.

Dr Levin's philosophy was to create conditions similar to people's homes or the hotels they would stay in. Typical of facilities at the time was a private ward with one bathroom to 10 patients. In 1974 Levin opened the Wellington Hospital, St. John's Wood. In 1976 it was taken over by Humana Inc. (an American investment group which has built 89 hospitals) and is now the largest of Britain's purpose-built, multi-speciality private hospitals.

Although Dr Levin had not foreseen the oil crisis of 1973 and the subsequent influx of Arab seeking medical treatment, the hospital has been a major currency earner. Today about 45 per cent of its patients are British, 40 per cent are Arab and the remainder are foreigners. Bed occupancy is 75 per cent. In 1975, Barbara Castle's proposal to phase out private beds in the NHS caused concern. Some consultants at Northwick Park, Harrow, an 800-bedded district general hospital associated with the Medical Research Council's clinical research centre, started looking for a site on which to build a private hospital.

American Medical International (AMI), the American hospital group which has built over 108 hospitals internationally, stepped in and built the 99-bedded Clementine Hospital, Harrow, in 21 months at a cost of £6m. (The average cost of a NHS 300-bedded district in £13-£14m.) Secondly, interest in medical insurance was increasing, in 1978 50 per cent of private patients were insured; now over 70 per cent are insured.

Today AMI have a £65m investment in British hospitals. Since 1977 they have built seven hospitals and the eighth is due to open in Glasgow before Christmas. It was the building of their 145-bedded Alexander Hospital, Manchester, in 1981 which set the private sector's fast-built pattern; the hospital was opened within 12 months of planning permission being granted. After a British quantity surveyor estimated that the

hospital would cost £12m and take 21 months to build, AMI called in an American contractor who gave a fixed term of 12 months and a fixed price which reduced the total cost to £7.5m.

The British private hospital group, BUPA, have a £27m investment. Through their subsidiaries they have built six hospitals since 1978 with an average of 56 beds and four more are being built. BUPA have achieved a similar speed of design and construction, aiming to open a hospital 20 months after outline planning permission is granted; their Cardiff hospital was built in 14 months.

In contrast NHS hospitals can take 15-20 years to build. Planning on the Queen's Medical Centre, Nottingham, which includes a 1,458-bedded University Hospital and medical school, started in 1965, but the first 400 beds did not open until 1980 and it will take two more years to open another 900; the total cost is around £80m. Designing a large complex hospital which has to cater for all the needs of 300,000 people, is obviously more complicated than building a 100-bedded private hospital.

Mr Eric Hemming, BUPA's hospital development director, says, "the secret to fast building is to have a well-informed client who has decided his needs, a clear-cut decision-making process with a small team... with short lines of communication". By contrast, Mr Hemming remembers an NHS hospital building committee meeting to discuss a boiler house design with 20 people - nurses, physiotherapists, radiologists - all with a right to discuss and veto a subject on which most had no expertise.

Where do AMI and BUPA decide to build? AMI usually wait for a community to approach them, while BUPA do desk surveys looking at population figures and potential subscriber growth, at the average length of stay in hospital and number of beds in a given area, examining in detail with local consultants work patterns and special equipment needed. Mr Hemming says, "the demand for private surgical and acute medical beds may have reached saturation point. In 1973 there were around 9,000 private beds, half in the NHS; by 1984 there will be over 11,000".

Many of the private hospitals are not full, which may be because they have priced themselves out of the market. Around 90 per cent of these beds are surgical, 10 per cent acute medical, following the needs of the insured.

Mr Hemming says, "the elderly, chronically ill, terminally ill and handicapped are not insurable at affordable premiums". This throws the burden of Britain's medically neglected onto the NHS. Neither sector has successfully tackled the problem.

The explosion of high technology medical equipment has thrown off balance the cost of equipping a modern hospital. Mr Robert Wilkins, consultant radiologist at Northwick Park and vice-chairman of the NW Regional Scientific Committee, says, "British hospitals are not as well equipped as most American and European hospitals, but this is changing".

In private hospitals such as those run by AMI, BUPA and Humana Inc. consultant only to make out a good economic case for a piece of equipment. In contrast, the NHS hospitals work to a budget and if a decision is taken to buy say a CT (computed tomography) scanner (£450,000) for one hospital, it means there is no money for replacement of normal equipment in the area's other hospital.

The technology explosion is most pronounced in radiology, where there have been many developments; CT and digital subtraction and geography both use computers and X-rays; other developments are in ultra-sound, nuclear magnetic resonance (NMR) and isotope imaging (nuclear medicine).

Northwick Park acquired Britain's first CT scanner eight years ago; now almost every major teaching hospital has one, most being paid for by private subscription. A committee has been set up at the hospital to look into the feasibility of the two sectors sharing equipment. This could be the beginning of real co-operation between the NHS and private sector. To an extent it already happens - the London Hospital rents a CT scanner from a private institution. Kings sends patients to private CT scanning and Northwick Park sends patients to Humana Wellington's £650,000 bi-plane cardiac catheter laboratory, which is used by 28 consultants.

In an ideal world the building of private hospitals would have been better co-ordinated to take account of geographical need, and ways should be found for the hospitals to care for more of Britain's elderly, chronically ill and handicapped. However, a healthy private sector has had a beneficial stabilising effect on top consultants who are happy to practice in the UK's mixed medical economy.

Peta Levi

WCRS

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Two views of the way to keep happy and healthy

The joy of having your own room

Being self employed I cannot afford the NHS. Long stretches of waiting for appointments, seldom seeing the same doctor twice, anxious weeks of waiting for results - these are not for me. I do not enjoy the endless trips back and forth to hospitalists, doctors and specialists. Not only do I not enjoy them, I cannot afford the time.

There is no doubt in my mind that private medical care is a luxury, born of necessity. Twenty years' experience has taught me this. Private health care gives me reassurance, and peace of mind. I know that I can be looked after by the best brains in the country. If you have medical problems (and some unusual ones) you need to know that you are in expert hands. At a consultation in a NHS cancer hospital the young doctor had "my file" in front of him - it said "Aet. 60, deceased", and it was my late mother's file. When one has the one life - and that one not particularly healthy - you require faith in the people - and the system.

Money spent on my annual PPP Masterplan 1) subscription to a private health scheme is money well spent. I gladly forgo long holidays, the latest kitchen equipment or expensive videos. I prefer to invest in privacy, personal choice, and comfort that private health care offers me.

Today there are many private health schemes. I admit a preference for PPP. One of its advantages is its membership card which can be used like a credit card. The worry over hospital bills is taken off your shoulders. You present the card and arrangements are made for direct settlement.



those closest to them at these anxious moments. Being able to have my husband with me before being wheeled off to the operating theatre and then to see him when I regained consciousness was very comforting. Others may be braver. I admit I am not. I can never forget the command from the NHS sister at Westminster Hospital that I was not allowed to see my husband until a whole day after his operation!

Private health care is not only for the shaikh or city tycoon. I have met fellow workers like myself who have chosen their own path to health. There are those who have said, "But the nurses look after the rich better". I am not rich, and the care and attention I received was exemplary. Nothing was too much trouble. Only the other day the sister in charge of the ward where I had my cancer operation some four months ago rushed up to me in a chain store saying "We have all been asking after you. Did the surgeon tell you? When are you coming to see us?" I have found that as a private

patient the mystique is taken out of the medical profession. The consultants, specialists and nursing staff treat you as a person with a brain and are prepared to talk to you. I have experienced the reverse in the public sector where I was treated like a moron when I asked questions. I felt they would have liked to send me into solitary confinement for daring to query anything.

I am positive that if everyone could have the same care I have experienced then there would be many more beds available in the National Health. I recently met the dean of one of our famous medical schools. Four weeks after my radical operation and while still undergoing radiotherapy. He was amazed at my looking so fit so quickly, and was certain my rapid recovery was a result of the excellent treatment and the peace of mind I had received. He has to remain nameless as his final comment was: "If you had been with us you might still be in hospital!"



Think British - think NNHT Hospitals

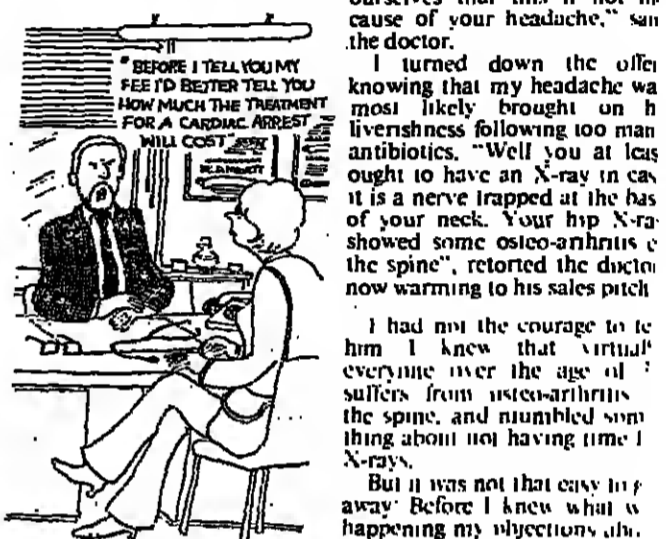
Nuffield Nursing Homes Trust is the UK's largest group of charitably run private hospitals, providing over 1,100 beds. NNHT's twenty-six years of expertise is reflected in high standards of care throughout its thirty-one hospitals. NNHT Hospitals are not just for hernias and varicose veins, they treat short-stay acutely ill patients and it is surprising how many people are unaware of the wide range of complex surgery undertaken by the many leading Consultants who use NNHT Hospitals. During 1982 83,500 patients were cared for and almost one third of the operations performed were major, including open-heart surgery.

Rather painful days 'going private'

Critics of private medical care point to experience in the United States where medical fees in recent years have gone through the roof. Greedy doctors, knowing that patients are covered by an insurance will undertake unnecessary and expensive treatment in order to bump up their fees.

excruciatingly painful hip, swollen to twice its normal size. Compliments during my stay in hospital that something was wrong with my hip were taken seriously to the point of giving me painkillers, but no attempt was made to diagnose the trouble. "Purely muscular", was the dismissive reaction of the two doctors who gave it a cursory glance.

Common sense told me otherwise. The day I was discharged I made an immediate appointment at a local private clinic. I had attended on previous occasions when NHS GPs had insisted on prescribing valium for the same kidney infection.



was just about spot on, I knew that this was probably double what Bupa or PPP charge for their full medicals. On the other hand he had already treated me for the hip. "Does that include everything?" was my next question. Oh yes, I was assured.

Nuffield Nursing Homes Trust Aldwych House, 71/91 Aldwych, London, WC2B 4EE

Advertisement for IDC (Industrial Development Corporation) listing various clients and services. Clients include OIL, AUSTIN REED, BRITISH STEEL, AUTOMOTIVE PRODUCTS, BARCLAYS BANK, BP OIL, BRITISH AEROSPACE, CADBURY SCHWEPPE'S, CHLORIDE, FARLEY HEAD, G.D. SEARLE, GENERAL FOODS, DE, THE COCA-COLA EXPORT CORPORATION, HONDA EUROPE, ICI, ITT-IDEC, INT'L, NATIONAL WESTMINSTER BANK, PHILIP MORRIS, PHOSTROGEN, PIRELLI, PROCTER & GAMBLE, RANKS HOVIS McDUGALL, ROCHE, SECURICOR, THE POST OFFICE, THE, SONY (UK), V.A.G.

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Advertisement for IDC (Industrial Development Corporation) with a logo and text: 'In one. In business to build success.' It describes IDC's services in design, construction, and investment.

hastened the decision to close St Raphael's surgical beds and reopen as a nursing and sheltered housing unit. The order is now to concentrate its acute facilities at its other hospital, the Convent, in Nottingham.

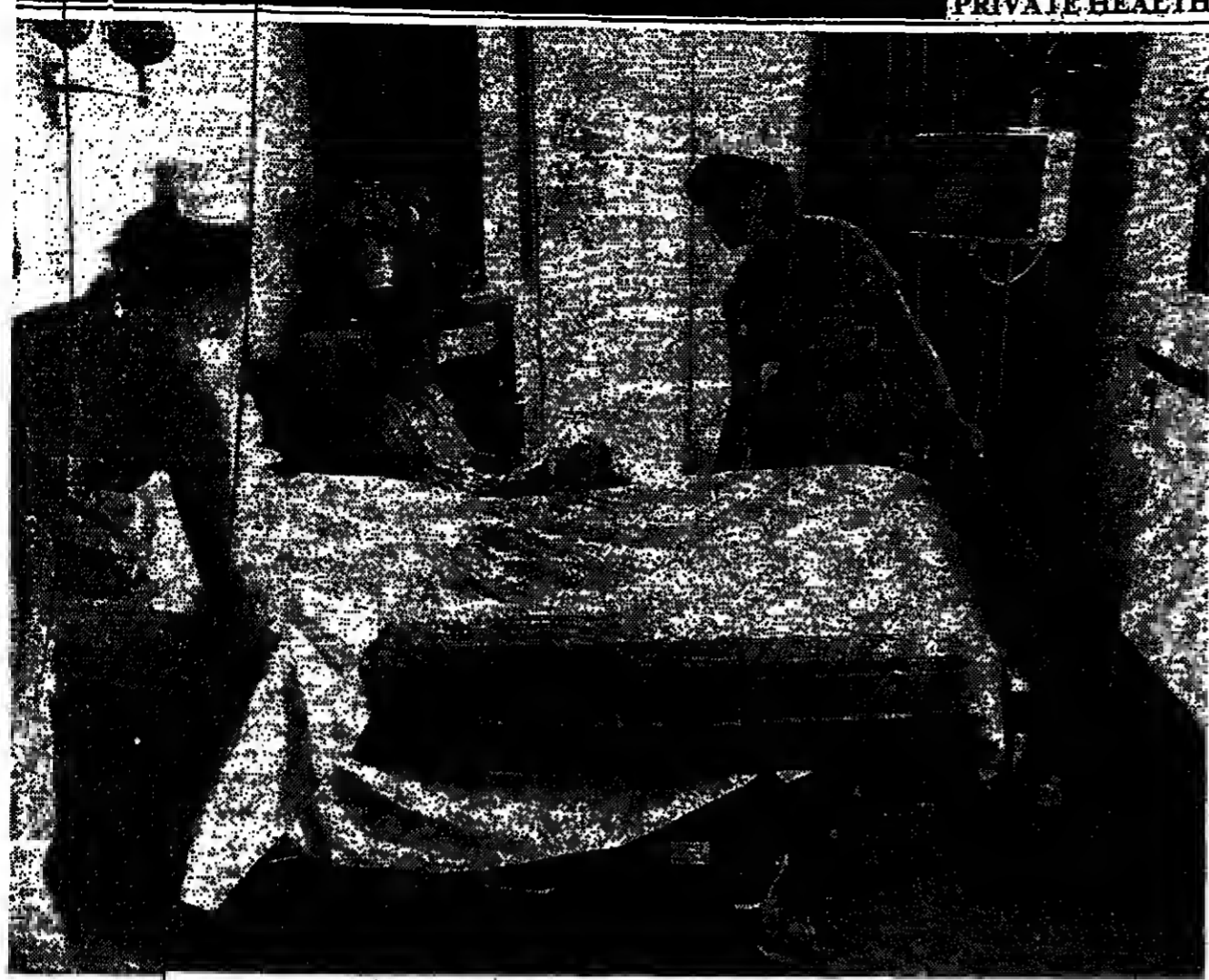
Further proof of the increasingly sophisticated relationships between areas of private hospitals can be found in the Community Hospitals Group - an organization which seeks to combine the local commitment which lies behind most of the successful independent hospitals with City finance and management skills.

Advertisement for Private Health Insurance with BCWA (British Contribution Welfare Association). It includes a form for requesting a coupon and details of the insurance scheme.

Advertisement for MEDOX and UME, featuring a large image of a person's face and text: 'MEDOX UME'.

Handwritten text at the bottom of the page: 'سكرا من الامن'

PRIVATE HEALTH



A happy patient in a room at the Churchill Clinic. Picture by Robin Lawrence

Staffing absorbs more than 60 per cent of the total running costs of a hospital. It is not surprising, therefore, that great care is taken to ensure that a private hospital company invests appropriately and effectively. The staff, together with the facilities which the hospital offers, is what doctors entrust it with the care of their patients.

One of the reasons for staffing a private hospital is flexibility, the type of facility that is not necessarily available to the National Health Service. The latter, an employer of almost a million people, is inhibited by size, by established traditions and, often, by local and national political control. Private hospitals, on the other hand, have the advantage of being able to set their own rules, within the constraints of legal and medical practice, and of having minimal political control compared to that faced by the public sector.

The relationship between doctors and private hospitals differs from that of the public sector. With the exception of medical directors or his closest and residential medical staff doctors are independent of what is on offer. In few instances, the doctor has invested in the hospital either financially or with a degree of commitment. Most often, they have approved the company to provide the facilities they need.

Where the patient is always right

In their turn they attract, and may pay on a fee-for-service basis, their medical colleagues. While allowing doctors collectively to decide upon which supplies and equipment they use, from sterile disposable hand towels to highly specialized technology, the private sector generally does not cater to an individual consultant's whim, a failing for which the NHS is sometimes criticized.

In BUPA hospitals, the 70 or 80 doctors who may use the hospital during the year form the hospital's medical society from among whom are drawn the medical committee that discusses clinical requirements with the company.

"There has to be a certain amount of give-and-take with the medical society", Mr Philip Codd, of Bupa, says. "But although we are a non-profit-making company, we don't want to make a loss. We have to provide the best facilities within the budget."

The link between the doctors and the hospital is the hospital manager or director. In Bupa's case, the contact is through the medical committee, and its chairman, some companies employ a medical director. The hospital manager is broadly equivalent to the NHS hospital administrator. But where the health service admin-

istrator's qualifications have centered around the running of a public institution, his links with the national welfare system and accountability to Parliament through a number of executive levels, the private sector demands different qualities from its top managers. At Humana's 225-bed Wellington Hospital, for example, the executive director, who like all the company's heads is American, has a masters degree in business studies which was followed by a specialized course geared towards hospitals.

Mr Bruce MacLeod, Humana's executive director, has five British senior managers all reporting directly to him. Dr Arthur Levin, the medical director and the founder of the hospital, advises on medical policy. Other spheres are covered by the director of finance, the director of housing and two associate directors, one responsible for the medical support services such as physiotherapy, laboratory, X-ray and pharmacy facilities, the other dealing with the ancillary services of catering, security, cleaning, stores and buying.

Within these four divisions, staffing which accounts for about 73 per cent of the running costs, is about 400 people. This, as Miss Sheila Edwards, director of marketing and a former

director of nursing, points out, is affected by seasonal fluctuations. Christmas, for example, is a quieter time than summer when recruitment increases. For this reason, and in addition to the nursing "establishment" of the hospital, the Wellington, in common with many hospitals, maintains its own pool of nurses, or nurse bank, on whom it can draw when needed.

In general terms, she says, "the volume of nursing depends upon the intensity of their work and the volume of patients in the hospital at any one time."

Mr Peter Smith, of AMI Hospitals, agrees. "We are subject to such extremes, to occupancy levels. One day it may be bursting through the roof, the next day it's very quiet," he says. Operating theatres may be extremely busy during mornings and evenings but show little activity in the afternoon. The cooperation of the staff over rotas is thus paramount.

"A lot of our staff at fairly short notice, will swap their working hours or days off", he says, "and this is an indication of the sort of helpful cooperative spirit we have."

AMI's hospitals also draw on their own nurse banks, a system which has extended to some catering and housekeeping departments.

"We have hospitals that are small enough for the director to know all his staff and to get across the message that we are all part of a team trying to run the hospital, that its success is down to us," Mr Smith says. "Everyone mucks in and performs according to that objective."

Although the charge had been levelled that private hospitals deprive the NHS of experienced personnel, Mr Smith says that staff come from a wide variety of working backgrounds.

In its early days, AMI recruited a number of health services administrators, but is now drawing more from those with experience of the private sector or from other business backgrounds. Nurses have been attracted from areas of unemployment and housekeepers, for example, from the hotel industry, he says.

The hospital business also makes good use of part-time staff. Many married nurses, in particular, are attracted to the not to have a full-time commitment. About a third of hospital employees are part time, Mr Smith says.

In a 41-bed hospital in the Wirral, Merseyside, of the 95 people employed, 38 are part time, according to Mrs Alison Dawson, of Bupa.

Most are nurses, but they also include laundry workers, catering and housekeeping staff, radiographers and physiotherapists, although some companies prefer to have full-time physiotherapists. Clerical staff and secretaries and receptionists may also work part time.

Perhaps unusually, Bupa's Wirral hospital employs contractors to manage its catering services. "The catering manager, his assistant and the head chef are all supplied by the contractor," Mrs Dawson explains. "The reason being that the contractor, with his larger operation, can use all his expertise." Other catering staff, the cooks and bottle washers, are hospital employees.

Generally speaking, those with managerial responsibility and that includes responsibilities for budgets, a strong mark of the private sector are full time employees. It is this same level of responsibility that attracts many managers, giving them a work satisfaction and degree of control that is not always available elsewhere.

The maxim that "the patient is always right" is part of the health service and for nurses this can include work, like fetching and carrying, that is less than medical care. Those who dislike that inclusion, leave. Those who remain find themselves in an industry employing skills from medicine and engineering to accounting and portering, all aimed at restoring people to health.

Pat Blair

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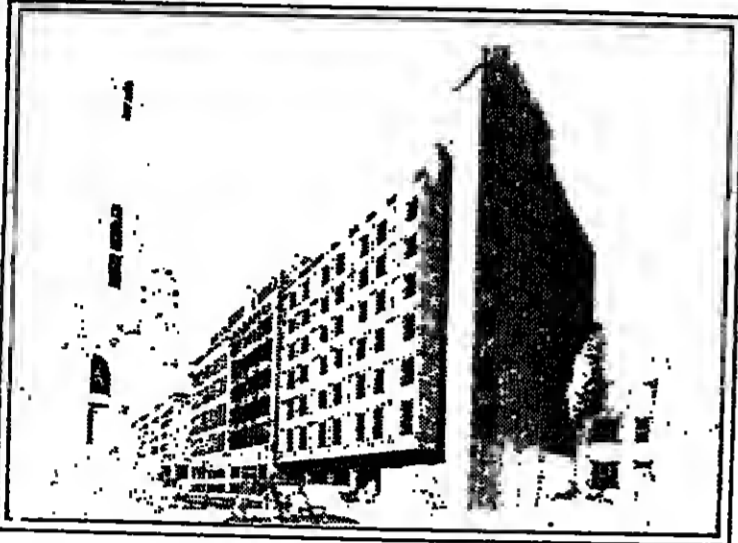
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When your GP goes private

How often has one heard the question: "Do you know a good GP?" A 1981 survey reported by the Institute for Social Studies in Medical Care found that 90 per cent of patients were satisfied with their GP, but a *Which* survey just published indicates that of the 1,300 members who took part in the survey half had experienced various problems - 26 per cent complaining of long waits at surgery, 20 per cent of difficulty in making appointments and 14 per cent of lack of confidence in their GPs' diagnoses.

In Britain today there are around 26,700 GPs. Their lists, which average 2,200, nevertheless range from a few hundred in sparsely populated areas to 4,000. Dr Patrick Wood, one of Britain's very few GPs who see private patients only, is chairman of the Fellowship for Freedom in Medicine (FFM), a ginger group for private medicine.

In his view "20 per cent of NHS GPs are wonderful, running first-class efficient practices, but the average GP, who starts with a strong sense of dedication, frequently becomes disillusioned. The trivia with which the NHS bombard him hampers his ability to look after his patients as he would like - the current system does not get the best out of our GPs. Some 20 per cent of GPs may be neither bright nor dedicated and provide a poor service."

The FFM's principal aim is to persuade the Government to allow private patients to get drugs on NHS prescription. Dr Wood says: "Every British person is entitled to NHS care. If a person opts to pay extra to buy a GP's time, yet is still eligible for NHS X-rays, operations and domiciliary visits, why should he have to pay more than the NHS prescription charge? - it is illogical." One consequence of private patients having to pay for drugs is that reputable private GPs

take greater care in deciding whether a drug is really necessary and in seeking effective yet economical drugs.

No one knows how many people in Britain seek private GP care. The number is probably small, the largest concentration being in the South-east, particularly central London.

Dr Wood's Ipswich practice exemplifies a trend, although it consists of largely middle-class families, he and his partner have a surprisingly high proportion of white and West Indian working class patients. One, a West Indian worker in an agricultural machinery company who has a wife and three children, said that he chose to go to a private GP "to get results; my NHS GP for 19 years never examined us, but just gave us prescriptions."

A Hertfordshire woman doctor's experience illustrates the interest in private GP service. Five years ago she put up a private practice and has to turn away many others as she feels that 600 is the maximum number that she can properly care for with her family commitments. One of her patients, a dentist with a wife and two young children, went to her four years ago "because we wanted to build up a rapport with our doctor and were tired of seeing different doctors each time we went to surgery." He says that the average medical consultation bill for his family is £100-£150 a year on top of which he has to pay for drugs.

Who are the reputable private GPs today? There are the traditional family GPs, the GPs who wish to live and practice in an area which is closed to any more NHS practice and an unknown number of NHS GPs who are prepared to take some private patients.

As an example of the first is a 54-year-old doctor who took over his father's Hampstead

practice in 1957. He now has a private practice in St John's Wood which not only consists of foreigners and wealthy Londoners but students, semi-skilled people such as postmen and butchers and the elderly. Because the elderly still think in terms of a 7s 6d visit to the doctor he rarely charges his full 1/2-hour consultation fee of £20.

This doctor says that he knows all his patients well and, having been trained to consult and confer, knows where to find the best clinical diagnosis and treatment. He has the time to chase up appointment clerks, write good letters and visit patients in hospital. He doesn't mind being on call 24 hours a day (friends cover occasional weekends and holidays) and finds that patients rarely call him out unnecessarily - even if they don't always appreciate that he has to eat he receives a steady flow of calls through meal-times.

Private GP care gives him tremendous job satisfaction; the disadvantages are that he can't be ill and that, since the practice is only just viable, he has saved little for retirement.

Dr Robert Lefever, who is an enthusiast for private general practice, and has been in it for 17 years, has robust views: "GPs have forgotten their clinical medicine and turned themselves into amateur sociologists," he declares going on to say that while the state should be concerned with major illnesses, like heart surgery, cancer, even major psychiatric illnesses, like schizophrenia, he feels there should be some differentiation on the provision of cough mixture and appetite suppressants.

The state has been unable to fulfil the major requirements - citing the long waits as for hip replacements - and the GP with poor equipment, no X-ray, no unrestricted access to labs, sitting there writing prescriptions, sends seriously ill people off to a "real" or hospital doctor.

After five years of this, says Dr Robert Lefever, trailing a white coat, you will decline into being quite morose or making excuses.

Doctors should not really be trying to deal with someone who is depressed because of social reasons, doctors should be finding out whether they have a thyroid deficiency or anaemia. Dr Lefever finds that his skills are enhanced in the private health, because it is a challenge.

For the junior doctor, the professor sits at the top of a very broadly based pyramid, composed of the rest of the staff, poised for flight as soon as they can make it. Today the position is that a lot of them will remain work horses, and never get to the top. In the past many doctors came from abroad to qualify, and returned to their country of origin once they had done so. This is no longer the case.

"Out of every four senior registrars," said one doctor, "perhaps two are possibly three, are simply going to be wasted." There is now pressure from the doctors for more consultant posts to be available, which might have the effect that consultants might find themselves doing jobs their juniors once did - naturally, this is not a popular idea. "I'm not going to get up at night and put up a drip," said one consultant, "I've done all that!"

Why do consultants go into private practice? In a favoured and fearfully expensive area of London - Harley Street and the adjoining streets - a consulting room and its accompanying expenses can eat up £30,000 a year, and bad debts, in a bad year, can come alarmingly high.

"I went into private practice, first for the money," said a consultant. He wished to give his children a private education, and this was the start. "I also like to have other work beyond my NHS specialty, which is cancer, and so I do general work privately. My private patients, especially from abroad, have some very interesting pathology, and conditions you would not normally see in this country, and this helps me in my work in general."

For the general practitioner, private practice is somewhat different, in that the prevalent associations will not pay out for general practice.

The doctor's life

"I make less money now per hour than I did when I was with the NHS - but because I work longer hours, I make more in the end. Anyone going into private general practice for the money can forget it. It is said that people value what they pay for and this is, to a certain extent true, but the doctor has got to deliver, and the patient has to know it was worth paying for."

For the nursing profession

the problem is it exactly comparable. Doct can continue to practice dicit, at any period in t career. Nurses, in theory sst, move out of nursing w/out motion. As Hilary Shent of the Rayne Partnership, there is very little guidance nurses starting out on a call it is all too easy for a n to go straight through training and find herself in a job at a relatively early, with nowhere to go b/out of nursing into adm/str or teaching, which is t/hay the

continued page 8.

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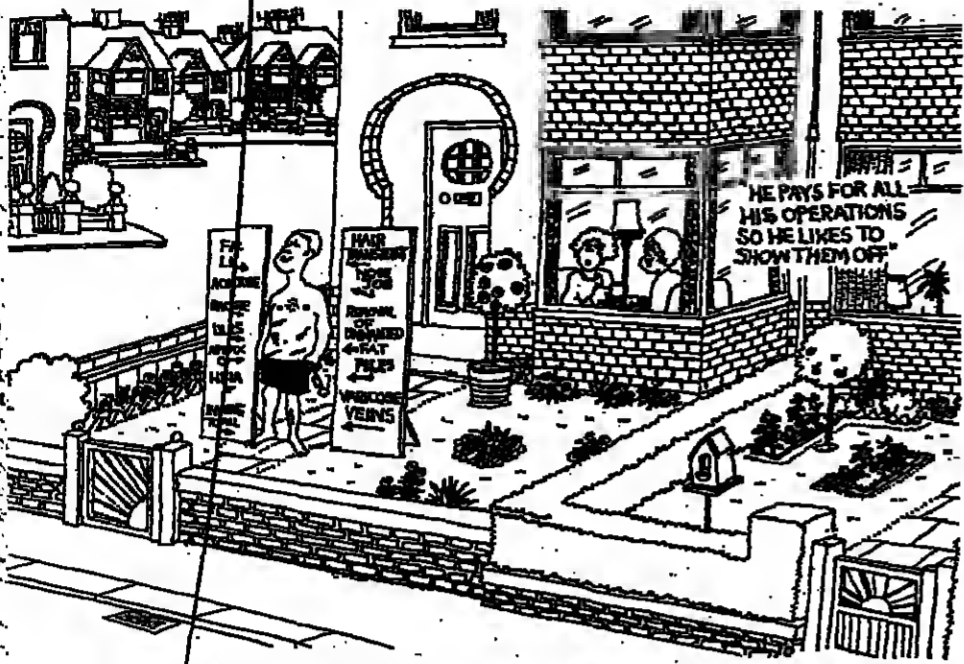
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Should you wait or should you pay?



Some people believe that in a country with a national health service private practice should not exist. If honestly held this view must command respect. Unfortunately, at least some of those who hold such a view will not concede that there is an alternative view that deserves consideration. I believe that the continuation of private practice may be justified on three counts.

Firstly choice is essential in a free society. Economic considerations may preclude such a choice for many citizens, but that is a criticism of the financial structure of society rather than an argument against the existence of choice. Apart from the very poor, many people who elect to use the NHS have the means to use the private service but prefer to spend their money on consumer durables or foreign holidays. This is entirely a matter for them.

Secondly it is essential for staff and patients of the NHS that it should not be a monopoly provider of health care. For the staff - especially those whose professions are exclusively applicable to the care of patients - there must be alternative ways for them to earn a living. There must be a market place where an independent valuation may be put on their services, lest they find themselves tied inescapably to an unjust level of remuneration. Indeed it may be argued that the recent problems relating to the pay of non-medical staff in the NHS, particularly nurses, arose because the NHS is a near monopoly.

For patients, the existence of an alternative to the NHS provides a vital comparison against which the standards of NHS care may be judged. It is, of course, equally true the other way round. The NHS provides extremely well for emergency patients and those who are gravely ill and this is a great challenge for the private sector. On the other hand, the private sector provides extremely well for the more routine problems and must always be consumer oriented to a greater degree than the NHS. This competition is

advantageous to NHS and private patients.

Thirdly, British patients who seek private health care have paid their full share in the cost of the NHS. If, either by direct payment or by subscription to a provident association, they pay again for private service they are increasing the total pool of resources for the provision of health care and leaving much needed time and facilities in the NHS for others. It might be supposed that they would be particularly welcome in NHS hospitals on such terms but, sadly, this is often not the case. I see great merit in this arrangement, compared with a system that allows rebate of health contributions to those seeking other methods of insurance. It provides a clear protection against the accusation that the NHS subsidises the cost of private health care.

I have been primarily concerned with consultants. The overwhelming majority of them believe deeply in the underlying principles of the NHS and, if occasionally critical of the details of how those principles are carried out, they wish to see the NHS a strong and effective force in patient care. Consultants in private practice are not happy to see patients who are seeking private treatment, which they can ill afford, merely because they have failed to get the necessary treatment through the NHS. The welcome private patient is one who has freely chosen that path with the resources - be they personal or through insurance - that relieve him of anxiety about the financial consequences.

The consultant in the NHS may freely exercise his clinical function but, even so, is constrained by the rigidity of the system and the availability of resources. With private care he is able to conduct his work in the way he chooses. This feeling of professional freedom has, I am sure, more to do with the enthusiasm of consultants for private practice than has the financial reward. Some people think that private practice is a licence to print money. In my experience it is a licence to work

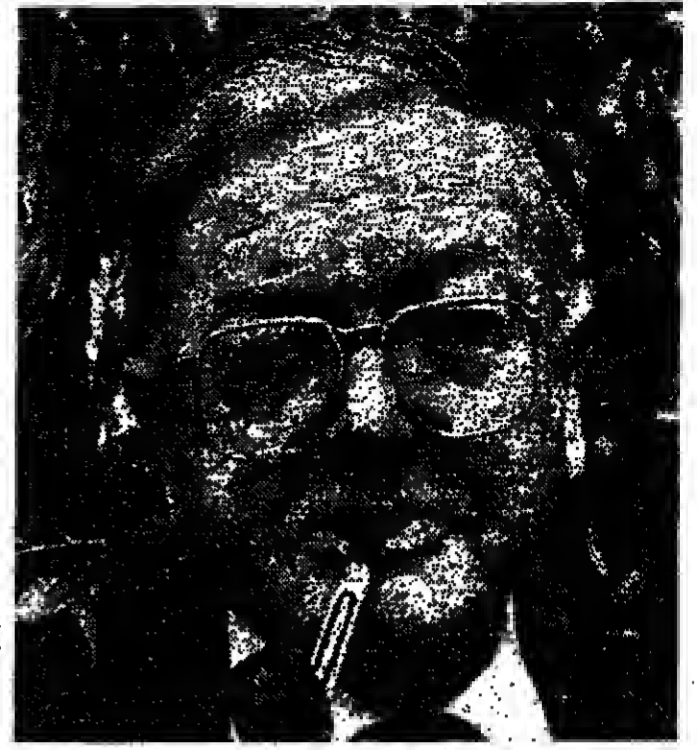
hard with rewards that are more than merely financial.

One of the criticisms most often levelled at private practice is that consultants who practise privately abuse the NHS. It is said that they give greater priority to patients seen in private than is clinically justified, that they put investigational work for private outpatients through the NHS without payments being made, that they use NHS equipment or facilities without permission or payment, and that they carry on private practice to an extent incompatible with their contractual obligations to the health service. I believe that the incidence of such abuses is small but any examples are publicised and damage the image of private practice far in excess of the importance of the incident.

Nevertheless, in the context of private practice, consultants must seek to imitate Caesar's wife. We cannot afford such stories if private practice is to continue to receive the public support it now does. Moreover, some of these practices are dishonest, exposing the perpetrator to the risk of the courts and of the Professional Conduct Committee of the General Medical Council. In addition, health authorities cannot be expected to look sympathetically on private practice if they are denied their legitimate share in the earnings, particularly at a time when they are facing financial difficulties. It is essential that private outpatients are clearly identified so that appropriate changes may be made on behalf of the authority. Moreover, it is hardly fair to colleagues who are contributing to the investigation of private patients if they are denied the opportunity to make legitimate charges for their services. The occasional patient, seen in private, who cannot afford further private investigation or treatment may be catered for through the NHS.

Private inpatient care is increasingly provided on non-NHS premises. This is almost certainly inevitable for political reasons and I have frequently urged my colleagues to make

The case for private practice



David Bolt: choice is essential

such provision while there is still time. Even so, I have always believed in the geographical whole time principle, which minimises the amount of professional time lost in car travel and, no less importantly, reduces the length of the professional day and the strain that it entails by concentrating all the consultant's work in one place.

The fact that whenever an emergency arises whether among NHS or private patients, consultant skills immediately available is an enormous benefit to both groups of patients, and it is sad that the reason that this ideal arrangement cannot continue to exist is political prejudice. If some future government takes steps to eliminate all private work from NHS premises the sufferers will be the NHS patients. There are areas of the country where the provision of alternative premises for private work will always be financially impossible and specialities where the capital costs of

equipment may only be justified by intensive use.

Recruitment of first class consultant staff to such places and specialities will become more difficult, whatever financial inducement the NHS may be able to offer. It is probably too much to hope that, in the fullness of time, sufficient agreement on the place of private practice in the provision of health care might emerge to allow a common policy on the subject between all political parties. The provision of satisfactory health care for all is more important than political attitudes.

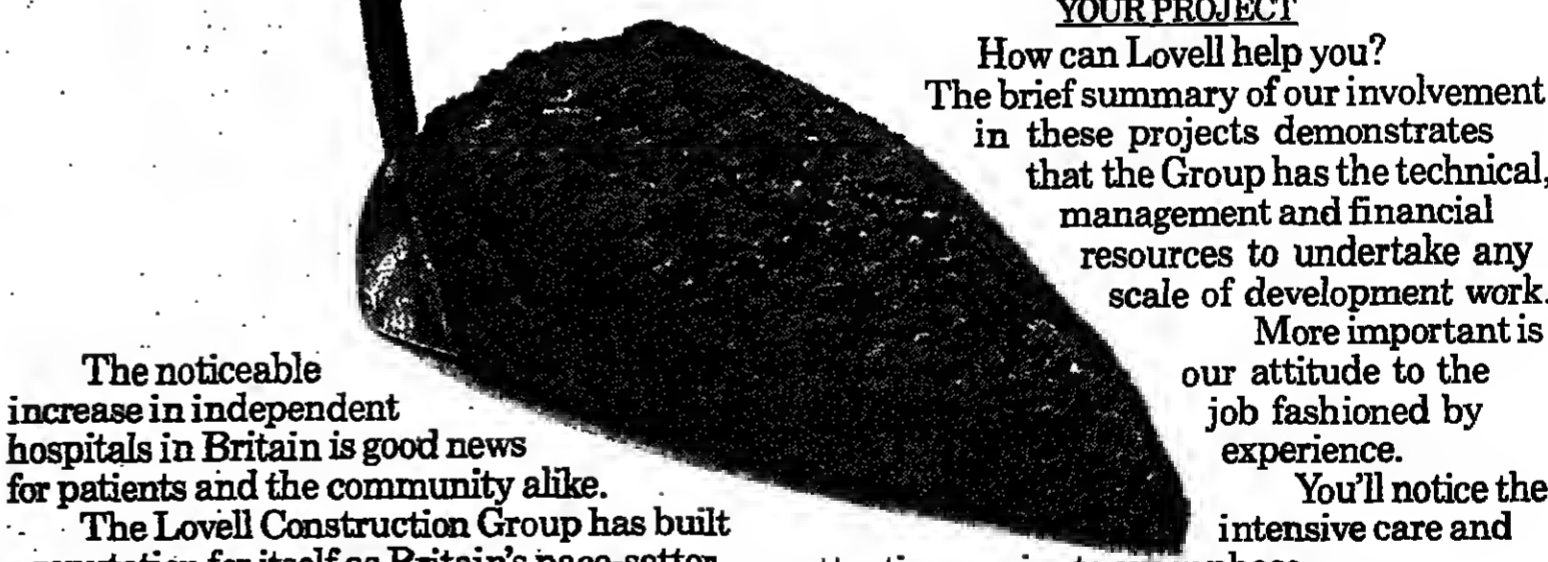
This article originally appeared in the British Medical Journal.

David E Bolt

The author, a consultant surgeon, was chairman of the Joint Consultants Committee/Central Committee for Hospital Medical Services Independent Practice Subcommittee for six years and has recently retired.

A case of intensive care.

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Dr Tony Smith

For more than 30 years, therefore, private medicine has responded to needs perceived by the public but either not met by the NHS or met too slowly. But the balance between the two sectors has been changing and is likely to change more rapidly in the 1980s. The reasons are not so much political as technological.

The past 10 years have seen a dramatic growth in the complexity and effectiveness of medical treatments - and in

their cost. Virtually every western nation is grappling with a crisis caused by the rising costs of health care. So long as NHS expenditure marks time the service cannot fully exploit the very real advance made by medical science.

Two examples make the problem plain. Thousands of patients with painful arthritis of the hip have been restored to health by having a plastic/metal replacement joint. NHS waiting lists are so long for this operation that many of these patients have chosen to pay for their hip rather than have to wait two or three years at the age of 70. Surgeons are now getting good results with replacement knee joints; soon the queues will begin to lengthen for that operation, too.

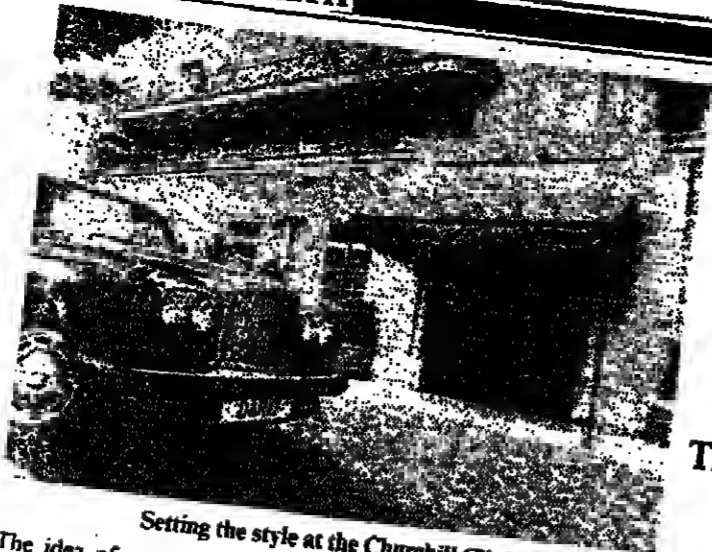
Coronary heart disease, the biggest single killing disease in Britain, may now be treated with an operation to bypass the narrowed arteries supplying blood to the heart. The NHS can carry out only a few thousand such operations a year, our rate is less than half that in the United States. Here the dilemma facing the patient on an NHS waiting list is that he may die from his heart disease while waiting - but the cost of treatment in the private sector is likely to be £10,000 or more.

Finally, and most disturbing, are the advances being made in emergency medicine. Ever since the start of the NHS anyone injured in an accident on the roads or at work and anyone collapsing with a heart attack, stroke, or internal bleeding has been taken to the nearest hospital. Emergency medicine and surgery have, quite rightly, been the pride of the NHS.

New, expensive treatments and investigative techniques are now being introduced for such common medical emergencies as coronary thrombosis. If the NHS cannot afford to provide coronary angiography for all who need it, the private sector will do so - in the classic pattern of response to public demand. Britain would then be moving to the state long feared by health planners - one in which the ability to pay would determine the availability of life-saving medical treatment.

Portrait of the private hospital

They can look like fashionable private hotels or the HQ of a large international corporation. Philippa Toomey examined four



Setting the style at the Churchill Clinic

The idea of a hospital, to one who only visits, is a large, noisy, with big awnings, lots of ambulances going to and fro. A private hospital is the exact opposite of all this.

The Churchill Clinic is not in the golden square mile of medicine, but in Lambeth - tucked away from the main stream opposite the pleasant Imperial War Museum. Formerly the Hospital of Our Lady of Consolation, it was run from 1941 by a religious order, who gave up the clinic in the face of rising costs and the problems of re-equipment. Since then, the building has been transformed into a small, rather cosy private hospital, with Kuwaiti money, and British management.

Lambeth might not sound a promising spot for a private hospital, but it is well placed to serve five of the big London teaching hospitals. Two operating theatres accept patients for all specialties with the exception of obstetrics. There are a number of consulting rooms and a small theatre for minor procedures, and two X-ray rooms. To the outside, they have a bewildering range of equipment (what, one wonders, is an image intensifier?)

Food is another important ingredient in recovery - and the food, eaten by patients and staff alike, is excellent, judging from lunch. Robert Sawyer says the majority of the patients are British. By keeping their fees to the BUPA scale, or below, they are getting staff from companies such as Marks & Spencer and health coverage for their employees, which have private insurance with similar cover. It is a friendly place, and it is curious to note that while the emphasis is on single rooms and privacy, almost everyone had their door open.

Sixty-three single rooms, each with bath or shower room, have all the aids that modern recovery requires - starting with a colour TV set with video - and it is only then that you notice a complex series of call buttons and a two way switch nurse. A red button will call everybody at once. Not a detail has overseen internal arrangements and the central floor is by the lift and every good view of who comes and goes. On the floors for children there are bright pictures and Dick Bruna fridges, white furniture, green and blue small children are not put into cots like cages, but in beds but looking much like their bed at home. A double room for mother and sick child has a hospital bed and a divan, and child can sleep and the adult watch television or read. There are no nudes in the children's bathrooms, as there are elsewhere ("Goodness knows what children would do to a hotel", says Ron Staker, the general manager).

Each monitoring system by four beds in intensive care costs £5,000. For the delivery of the high technology is there, but the aim is to use it sparingly. There are two delivery rooms, and a birthing room. In a private hospital the customer is greatly disliked the thought of high tech births, and so the equivalent to a room in one's own home as possible, furnished with carpets, curtains, a to lying or sitting. Even the delivery room has presy curtains and a picture on the wall - design of storks. ("In some very old fashioned.")

There is a big playroom, with the usual cheerful clutter of toys, paints, bricks, tables and chairs, with a play specialist teacher in charge, and there is

opened its doors on June 1 and is in the heart of the traffic which roars down Great Portland Street. It looks like a modern hotel. It's a private hospital designed solely for the care of mothers and children, with 88 beds on the 12 floors of the hospital.

A beady eye for the smallest detail has overseen internal arrangements and the central floor is by the lift and every good view of who comes and goes. On the floors for children there are bright pictures and Dick Bruna fridges, white furniture, green and blue small children are not put into cots like cages, but in beds but looking much like their bed at home. A double room for mother and sick child has a hospital bed and a divan, and child can sleep and the adult watch television or read. There are no nudes in the children's bathrooms, as there are elsewhere ("Goodness knows what children would do to a hotel", says Ron Staker, the general manager).

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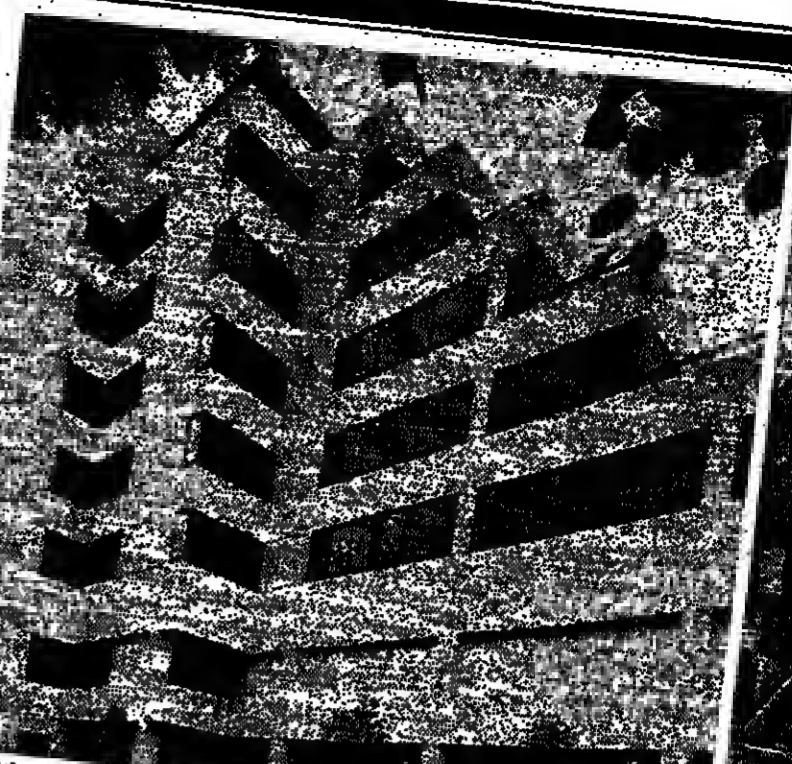
also a physiotherapy room, with mats and wall bars, and there will also be a capacity for speech therapy.

What, then, of the cost? Mr Staker has a budget price in mind, of £900 for a five day stay, exclusive of consultant's fee and other fees, a total, perhaps, of £1,600, with any other costs, covered by a special insurance plan. It is, he points out, not more than a good holiday would cost - for two, of course.

There are two ultra sound rooms which the hospital favours as being in the technical phrase "non-invasive" - a very large, gloomy room is lying, paws up - it is difficult to make these rooms less frightening to a child, but they try. Rather interestingly, pathology laboratory is contracted out to an NHS

The Humana Hospital Wellington (the Wellington Hospital) is in St John's Wood, and if the comparison to hotels is to be continued, it is definitely a Ritz. There is not a wild some glamorous shops, (if kind of newspaper in Arabic on the news stand. They make no bones about it - it is a centre of

continued from page 6
NHS.
Paradoxically, Hilary Shenton herself left nursing, and has moved into an area which, by combining a degree of discreet head hunting with a wide personal knowledge of the people involved, deals with recruitment in the private health sector. More than one new hospital acknowledges that going between the NHS and the private sector for nurses, which Hilary Shenton says that she would advise any nurse to travel, to get as much experience as she can (and it is usually a she) adding that boredom and routine can make even the best and most dedicated people or will be.



Getting away from the Victorian-style architecture: The Wellington Day Surgery Centre, and surgeons at the Churchill

excellence, and is the largest, purpose-built, multi-speciality private hospital in Britain, with 225 in-patient beds, and a large day surgery centre in Harley Street. Seven operating theatres beds, a formidable reputation for specialist cardiac surgery, ophthalmics, and specially for cancer are only part of the

From the outside, it could be the headquarters of IBM or some other enormous company. Inside, it is the picture of a private hospital with an international reputation and clientele. With the opening of the new building in December last year, there is more accommodation for gynaecology, obstetrics and pediatrics, and the hospital also offers birthing rooms as an alternative. They also offer champagne to the

A film shown on video to all the surgeons at the Churchill

new staff as an induction into life at the hospital seems rather like the glamorous tradition of Terence English, whom the general public will recognize from the knowledge of the work he does at Papworth. The prices range (for a bed) from £99 in a twin bedded room to £350 in a suite, taking in on the way deluxe private room (£199) to the Wellington Day Surgery Centre at 88 Harley Street was three operating theatre suites, and an eight bed recovery area. Many procedures which up to four with none in Cumbria, Powis, and thirteen in the City of Westminster.

The day I was in Harpenden was their busiest so far, with 18 patients being operated on in the two theatres. The hospital is equipped for most operations.

Specialists feature prominently in the matter between patient and doctor. This is the sensible way of doing it, and what wilburians at an extremely hospitable in medical world.

BUPA has number hospitals to open notably 58-bed Gatwick Hospital which was "topped out" recently, in which form of Y. Lovell, the deeper at project management, design and construction.

Lovell has another on the stocks at Southampton (96 beds for HCA) and is to do shortly contract for Unit Medical Enterprises at Sticy, Stip-Westminster have all the

A doctor's life

Most nurses really enjoy nursing, and the personal contact in caring for patients, and many find that the small private hospital, with its emphasis on the patient has more appeal.

Today there is coming and private sector for nurses, which must be healthy. However, Hilary Shenton points out, "if one wants to stay in private practice, the career prospects are not very good at the top of the scale. There is a limit to the number of hospitals there are, and it is felt that the work of the general manager ('the buck really does stop here' observed one of them) is

so different from the work they have done in the health service, where decisions are arrived at more by consensus and agreement to work together (or not) than anything else, that sector would not be particularly relevant for a future in the NHS.

The fact that private hospitals are small, and that administrators do not have to deal with the endless troubles associated with old, unsuitable buildings, shortages of money and staff, and bureaucracy and political decisions is a satisfaction in itself, though the administrators without exception express a high regard for the colleagues they have left in the NHS. PT

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recent project is the hospital we are developing in co-operation with The Glasgow Independent Hospital Group. Building work began in November 1982, and the 102-bed hospital will open by the end of 1983. This speed of building and commissioning of our hospitals is a reflection of the efficiency of our planning and management systems.

We continue to look for new opportunities for growth - new opportunities to provide quality private health care wherever it is needed throughout the United Kingdom."

Gene E. Burleson, Managing Director, AMI Hospitals Limited

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- The Princess Grace Hospital, London
- The Alexandra Hospital, Manchester
- The Clementine Churchill Hospital, Harrow
- The Priory Hospital, Birmingham
- The Chiltern Hospital, Great Missenden
- The Chaucer Hospital, Canterbury
- The Ross Hall Hospital, Glasgow (opening late 1983)
- St. Anthony's Hospital, Cheam (managed by AMI)

For further information on AMI or any of its hospitals, please contact the AMI Advisory Service, 4 Cornwall Terrace, Regents Park, London NW1 4QP. Tel: 01-486 1266.



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FRIDAY PAGE

صحة من الاصل

TALKBACK

I was a flagging wife

From Mrs Peter Tahourdin, 2 Twyford Avenue, London. As the recently widowed wife of a British Council officer for 35 years, I have inevitably since my husband's death been thinking over our years together and realizing what an extraordinarily full, interesting and exciting life it has been.

I am, therefore, rather appalled at the idea that the majority of young British Council wives are as frustrated as would appear from Caroline Moorhead's article in Friday's Times (June 10). As an active member of the British Council Wives Association for many years, I do not believe that this is true. Obviously a wandering life has disadvantages, most of us have at least one posting we hate; most of us agonize over sending children home to school; most of us have periods when we long to set down roots in Britain. But in what other job could we see so many places of interest, come to learn about the way of life and the problems of other countries or meet so many eminent and interesting people?

Incidentally, the British Council Wives Association has studied the question of divorce and has found absolutely no statistical evidence that our rate of divorce differs in any way from the rate in a similar socio-economic class in Britain.

From Mrs Chris Grosvenor, Tudor Hall School, Banbury, Oxfordshire I went East straight from Oxford to be a company wife over 30 years ago. My inquiries about employment were coldly answered: "In this company wives do not work". This wife quietly ignored the unwritten law and did whatever job was available, wherever my husband was posted. None was what I would have chosen to do, all were ill paid and some were dull, but all provided welcome relief from the predetermined role I was expected to play.

Control needed

From Mrs Barbara A Green, 24 Reggrove Court, Wellesley Road, Chiswick, London. Peta Levi (Wednesday Page June 8) reported the findings of the Woman survey which highlighted hostility towards mothers and children in public.

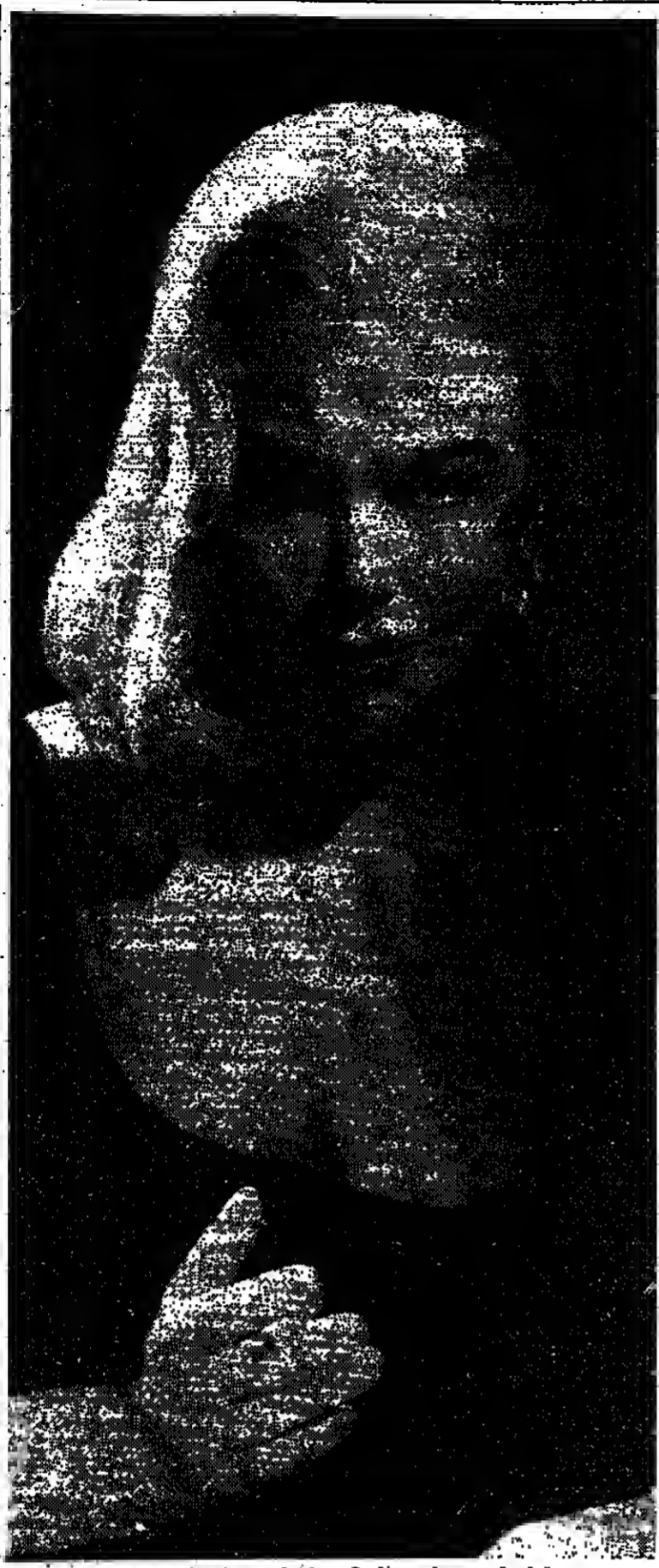
May I suggest that hostility is often expressed towards neither mother nor child per se, but towards the behaviour of those children whom the mother either cannot or will not control. There is, after all, a limit to the number of times that even the most tolerant person is prepared to have a supermarket trolley rammed into the back of their legs. Even in our local library children are allowed to run around shouting and screaming.

Hardly unknown

From H Stevens, 11 Oxenden Wood Road, Chelsfield Park, Orington, Kent. With all due respect to Ms Penny Perick, I found her column (Monday June 13) misleading on three points.

First, an Earl's daughter, whose grandmother is lady-in-waiting to the Queen Mother is hardly "an unknown nursery school assistant". Second, very many young women are extremely anxious to have the benefit of a university education but, sadly, it is still more difficult for them to gain a place than it is for a young man.

Third, she assumes that a university degree is the key to "a brilliant career". My son, a Cambridge MA in his twenties, is unable to find a job of any sort.



Joan Heal in her days of West End stardom and, right, as she is today, "content and comfortable"

Whatever became of Joan Heal?

Joan Heal, once one of the brightest review stars of the theatre, won't describe herself as an alcoholic. "I loathe the word. It makes people think there is some wickedness there. And it makes us feel as if we are pariahs, lepers."

She is an attractive, well dressed, 60 year old woman. She lives in a small flat not far from Eaton Square, where she used to live for 20 years, but it is far enough to be considered on the other side of the track. Her sitting room is in brown and beige, but the furniture is obviously a legacy from the Eaton Square days. There are no mirrors. She broke all of them when she was drinking. Her tipple now is Earl Grey tea. She smokes a lot, putting her ash into a small gold asbry with a lid to conceal the unpleasant smell of stale cigarettes.

Joan never quite believed her own myth. She felt as if she were a fraud, surviving on energy, personality and facility. "I was convinced I couldn't really act." But she did know that she had an extraordinarily good figure, although she worried about her looks. She laughs, perhaps a little too much, as she describes how Jack Hulbert auditioned her when she was first starting her career and told her that she had excellent legs, and that she would be a very good show girl if they gave her a lot of feathers and things to cover her face. She projected an image that she thought would attract, and when the effort of performing on and off the stage got too much, she turned to vodka and obliterated all the hurt.

She had not always used the bottle as a prop. As a young girl she hardly drank at all. She went through drama school without trauma. "Although I was so frightened of everyone I would just go away and hide myself." She met her first husband while she was working in Intimate Review with Dora Bryan. "Out came the stars and the moon, and toujours l'amour and I married him." She had a daughter and life was good. Her profession enticed her to drink.

Even after her marriage broke up, which left her sad but not broken hearted, she turned to her career for solace, not the bottle. She was confident enough to leave the musical stage, where *Grab Me a Gondola* had established her as one of Britain's top comedy stars, and go back to the straight theatre.

Her second husband was nine years younger than she was. She hadn't really wanted to marry again, but he persuaded her. "What either of my husbands realized was that I was dreadfully insecure. I wasn't the jokey, larky lady that I had created, and sometimes I would be in moods where I couldn't pull it off and people would say "you look



John Voss

miserable, what's the matter with you?" At that time I met everybody, the highest, the sturriest, the most brilliant people, but I was very shy. I shall never forget a young actor saying to me: "Joan, the trouble with you is you are one drink under. If you have a drink you'll loosen up, you'll relax." I don't blame him, I knew exactly what he meant. So before I went anywhere I used to have a drink."

"My second husband had a drinking problem - and I kept pace with him. Eventually he went to a psychiatrist and gave it up, and his career moved on terribly well. I, meanwhile, was beginning to lose confidence in myself. I don't know what happened, but my sense of fun started to leave me. I felt somewhere underneath it all I was a nothing. It was as though, if I was opened up and they could see my soul, they would know it was a seething mass of black maggots."

She had another child, a son. Her husband backed an enormously successful stage musical and to celebrate he took an inch of champagne. From that moment he didn't stop drinking and she says he drank himself out of his business. She had a recurring virus which caused paralysis, particularly in one of her legs. Sometimes she would slip, and when he was drunk her husband would mock her. Eventually, despite the happy times - and there were happy times, she says - they separated. She didn't want a divorce, she didn't want to leave him. For a while things continued as before. An au pair cared for her son while she worked. But then the

money ran out. "I was drinking a lot then. I came here to this tiny flat which seemed to be awfully dismal, but I tried to make something good of it."

For a while her son stayed with friends in the country. Then the Actors' Charitable Trust paid for him to go to prep school. "I was very mis, and so I drank. I would have conversations with people on the telephone, arrange to meet them, and not turn up because I couldn't remember even having spoken to them."

Her mother came to stay then, after a short while, committed suicide. "I was helped on the instant by the most adorable woman in the theatre, Evelyn Laye, who didn't know me from a bar of soap. She told me I had to work. And I got a job, through her, as a character actress. I got a hit better."

But then her health gave way again, and she turned back to the bottle. She was given a small part in *Joseph and the Amazing Technicolour Dreamcoat* and one night she was told not to go on stage because she was drunk. She denied it, but she never worked again. She thought about the death of her mother, her two failed marriages and not being able to earn money. And she felt sorry for herself. "Then I discovered something. If I had a drink, it didn't hurt so much, and so the booze became my friend. It was an anaesthetic. It took away all the pain."

When her son came home, she sobered up a bit. She went down to one bottle a day. On Jubilee Day her

son went to a street party. Before he left he said "don't drink whilst I am out". As soon as the door shut she started gulping down the alcohol. She assumed they had spent a normal evening. The following day she thought she ought to admit she had taken a drink. Her son told her "Is that why I found you drunk on the hall floor?"

She says: "I looked at my 12-year-old son and the trust had gone out of his eyes. That was the worst moment of my life. I never wanted to commit suicide, but I went to bed, took a pill, and every time I woke up, I took another one, until they were all used up. I had to face the truth. I was a drunk."

Joan Heal tried several cures for drinking over the next 10 months. Eventually she saw a television programme about an alcoholic unit at the Western Hospital and rang them the following morning. She made two appointments, which she failed to keep, but eventually she did go. At first, everything went well - her honeymoon period - but then she had a lapse and started drinking again. She stopped, went back to the unit and managed to wean herself off drinking. She has not had any alcohol for four years and now runs movement and speech classes at the Western Hospital.

Her second husband stopped drinking before her and she says that they are now the best of friends. "I am very lucky. I am content comfortable. I like what I am doing. But if someone did ask me to play an interesting part, then yes - yes, I would."

Wendy Oberman

MODERN TIMES

On Monday Gardens work on people in the most unlikely spots

MEDICAL BRIEFING

It's tough for twins

Middle age is marked by an inability to read the honours list in the news papers: those who were young enough, or had a magnifying glass and could see the small print last Saturday, will have noticed that two identical twins were honoured. Major-General David Thorne became a KBE. Brigadier Michael Thorne a CBE. Not all twins do as well as the Thornes, who joined the Royal Norfolk Regiment together, went on to command different battalions of the Royal Anglian Regiment at the same time, and have both subsequently had good staff careers.

Statistics show that twins have a more difficult life both physically and mentally than ordinary children. Their parents face special difficulties: quite apart from the problems of feeding and caring for two babies, parents later have to decide the correct balance between interdependence and independence for the twins. Should they be encouraged to dress alike? Should they go to the same schools? Are the parents giving more attention to the large and content baby, or to the smaller, demanding one?

A book out this month by Dr Elizabeth Bryan deals with all aspects of bringing up twins. It also offers suggestions for solving the medical and social problems facing parents when they find they are one couple in eight whose union has been doubly blessed.

A warning in the book is that the death of a twin seems to be responsible for a very much higher than usual incidence of mental breakdown in the survivor.

The Nature and Nurture of Twins. Elizabeth M Bryant. Ballière Tindall £9.95.

Friendly treat

Parliamentary candidates protect both their pockets and their health by misquoting the law of treating. Over the years they have persuaded the public that they are not allowed to buy their way to the bar for fear of being accused of trying to influence the elector. In fact the law is class conscious, but precise: our Victorian forebears decided that treating was only illegal if the recipient was not a friend, socially inferior, and was likely to sell his vote for a drink.

Having dodged the canvassers out for votes last Thursday, Knightbridge pedestrians on Friday found themselves in the clutches of collectors for Lepra. Donations to the charity enables people to fight leprosy without leaving the civilization of the Brompton Road. Among other projects Lepra contributes grants to a number of home-based doctors, including research workers in London, Oxford and at Porton Down.

The thought of leprosy gives rise to a particular horror, partly because of the deformities it causes when untreated, partly because of most people's childhood briefing from the Bible. Contradicting the popular view, Dr Colin McDougal, the Oxford research worker and editor of *Leprosy Review*, told *The Times* that if patients cooperated, 80-90 per cent could be cured of their active disease, although some, particularly those who delayed treatment, were left with residual deformity.

Some of the best treated lepers in the world are the 300-400 in Britain who have occasioned such interest that they have been meticulously followed and had no chance of defaulting in their treatment.

Dr Thomas Stuttford Medical Correspondent

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THE TIMES Tomorrow

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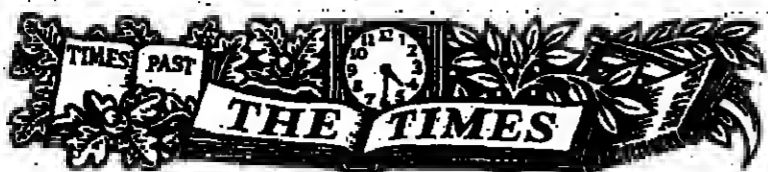
- Sport: World Cup Cricket
- Theatre: Star gazing at Minack and a guide to open-air productions
- Family Money: Are you banking with a building society?
- A tall story of estate agents
- Travel: Stockholm, from the sublime to meticulous; Jamaica and breaking away in the Cotswolds

NELSON SLEPT HERE or did he?

Plus

All the news from home and abroad; Values; Travelling with baby; Drink on Mosel; late night places to eat out; video news of the month; critics' choice of the coming week's events in the arts

سكرا من الامن



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IT TOOK A RIOT

Once, in the days following the Toxteth riots less than two years ago, the streets of Liverpool 8 were thick with ministers of the Crown...

corporate private economy as for liberal-minded ministers.

Mr Jenkin might usefully call up the paper, "It Took a Riot", written by Mr Heseltine just after the riots. The agenda for action public and private, set out in that paper is nowhere near completion...

Policy for the inner areas is to be played down. Mr Jenkin has indicated that Lime Street station will see him infrequently. Housing minister Mr Ian Gow, MP for sunny Eastbourne, is unlikely to be held by the shadow of those cavernous estates of Knowsley and Croxteth...

"Benign neglect", towards which Mr Jenkin may now be tempted, is a risky policy. The social and economic conditions which assisted those outbreaks two years ago are evidently still in place...

ANDROPOV'S UNEASY CROWN

What changes will ensue in the USSR, now that the leader of the Soviet Communist Party has become President? For Mr Andropov the title is not in itself important...

remaining a full member of the Politburo. Both Andropov and Chernenko are old men; reports of their ill-health are possibly exaggerated...

The Soviet political system needs continuity and firm leadership to avoid disintegration. On the departure of either of the two chief leaders, the other could ensure that business carried on as usual while a younger man prepared to assume power...

Mr Andropov now occupies the posts of party General Secretary, Chairman of the Defence Council, and President. But Nikolai Tikhonov has not been replaced as Prime Minister, although he is seventy-eight and a Brezhnev appointee...

For almost five years Mr Gorbachev has had overall charge of Soviet agriculture - a notoriously difficult area in which there has been little improvement - but now he has expanded his responsibilities to cover the economy as a whole...

Another Politburo member, Geidar Aliev, also sixty, shares with Mr Andropov a KGB background and was brought to Moscow from Azerbaijan last November shortly after his colleague succeeded Mr Brezhnev...

The Conservatives in Birmingham in the election confers an immunity against urban tension and, possibly future disorder in the West Midlands in the absence of economic amelioration.

The fact is that the Environment Department has built an apparatus, possibly too bureaucratic, possibly too small, on Heseltine lines for answering some of the problems of the inner city areas...

Democratic ways with Labour

From Lord McIntosh Sir, What price Labour Party democracy now?

After years of bloody campaigns to widen the franchise for leadership elections, here are the union barons, right and left, calmly disposing of millions of electoral college votes...

Test-tube babies

From the Bishop of Middlesbrough Sir, With reference to your correspondence report (June 2) of the Catholic Social Welfare Commission's submission to the Warcock committee on in vitro fertilization...

The Warcock committee has explicitly excluded discussion of abortion and contraception from its agenda. The submission of the Social Welfare Commission contains the following passage: We do not accept abortion. However, as required by the committee, we present from discussion of abortion, but cite the abortive consequences following diagnosis of defects in cloned embryos...

In paragraph 43 of its submission the Social Welfare Commission explicitly dissociates itself from the 1967 Abortion Act. (I must that the above will make clear the commission's attitude to abortion in general and the 1967 Act in particular.)

Railway closure

From Mr R. E. Field Sir, Has anyone's reason succumbed to Mr Geoffrey Sampson's strange logic? (June 7) that it would be preferable to close the Settle-to-Carlisle railway than to replace the beautiful, though irreparable, viaduct at Ribbleshead with a modern structure?

Building a new viaduct would, of course, be a marvellous project. It would ensure the retention of a major diversionary route from the Midlands to the North and it would help to lessen the problem of unemployment.

Everything made by man sooner or later requires replacement and the accustomed vision requires a little adjustment.

Rampant rape

From Mrs Stella Herbert Sir, Even if rape growers are as scrupulous in the use of spraying as Mr Michael Bunbury argues (June 13) the spread of the crop could well precipitate a decrease in beekeeping.

Rape honey crystallises rapidly in the comb, sometimes within 24 hours, and is therefore very difficult to extract.

As she is spoke

From Mr Nigel Warwick Sir, The "examination in colloquial French" referred to by Dr Harte (June 3) is presumably the Advanced-level French Syllabus B examination introduced by this board in the June, 1982, examination.

The entry for this examination is as yet small compared with that for Advanced-level French Syllabus A, but there are certainly state schools in the London area which are following the course leading to this recently introduced new examination.

Seeing justice done

From Mr Paul Drury Sir, I trust that the Old Bailey authority has blushed to read Mr Neil Monaghan's letter (June 7) rightly claiming that the famous statue of Justice thereon is not blindfolded.

As she is spoke. The "examination in colloquial French" referred to by Dr Harte (June 3) is presumably the Advanced-level French Syllabus B examination introduced by this board in the June, 1982, examination.

Economic policy and unemployment

From Mr Charles Williams Sir, Your leading article of June 13 on economic policy was remarkable for the absence of any comment on the exchange rate. One important factor in determining policy towards interest rates must be the Government's attitude towards sterling.

There may be a temptation, encouraged by your leading article, to allow the pound to further appreciate by pursuing tight fiscal and monetary policies. Surely this would be wrong?

There is no need for a fall in interest rates to be accompanied by cuts in public expenditure since cash limits will ensure that spending is kept under control to the financial year as a whole even if it was higher than expected in April...

With the election over of the way we can seriously address ourselves to the problem of unemployment. Dr Elizabeth Halsall (June 7) rightly pointed out that this problem, which basically arises from increased technological productivity, has been successfully solved many times since the Industrial Revolution by reducing hours of work, extending education and providing for retirement, rather than by using all the increase in wealth on higher wages and salaries.

Today, if we are to make any progress we must take a view about our wealth as a society. Can we or can we not afford earlier retirement so as to reduce our workforce? Can we afford more spending on education to improve the quality of our manpower?

A generation gap

From Dr L. Solymar Sir, May I add a comment to the nuclear debate based on some novel technological considerations. The efficacy of the next generation of weapons will crucially depend on the state of information technology.

The policy of the Soviet leaders, ever since the Bolshevik revolution, was based on the expectation that time was working for them. Consequently they always tried to avoid major military confrontations while willing to engage in local conflicts.

For the first time in history it may be in the Soviet interest to start a nuclear war. The reasons are obvious. The Soviet High Command may soon come to the conclusion that they are bound to lose the arms race.

On a clear day

From Mr Alan Searle Sir, The combined heights of the two highest mountains mentioned by Mr Oliver Barratt (June 7) is 5,525ft. According to my Whitaker's, the horizon at a height of 5,000ft, taking refraction into account, is 93 miles, far short of the 150 miles to the mountains of Donegal.

Perhaps Mr Barratt and his friends, quite understandably and wisely, took a few drams of something strong when climbing Beinn Sgulaidh in such intense cold, or maybe they were just overwhelmed at the summit by the scenic grandeur all around them.

Clock symphony

From Mr A. J. Ramage-Gibson Sir, I wonder if it has occurred to Mr Deacon (June 7) that many users of audible watches do so for important medical reasons?

Sufferers from Parkinson's disease, diabetes and other afflictions frequently require strict time medication. Are they to be denied access to public co-actors and the like?

The real menace lies in the increasing unawareness and intolerance in our society towards the less fortunate amongst us.

Debarred from parish churches

From Lord Norwich Sir, As part of my research for the guide on which I am at present engaged to the best of English architecture, I have done my best, over the past five or six years, to visit every outstanding parish church in the country, south of a line drawn from Gloucester to the Wash.

About half of these I have found open; for another quarter I have been able - though sometimes only after considerable difficulty - to find the key at the vicarage or some nearby house. But the sad fact is that about one church in four I have had to abandon altogether, having found it impenetrable.

While the general accessibility of parish churches depends, in my experience, very much on the particular diocese, I fully understand that in many areas - and particularly in the towns - the incidence of robbery and vandalism makes it impossible to keep a church open throughout the day.

On such occasions I see no reason why the visitor should not be asked to pay a deposit or, indeed, a small fee to church funds.

Our parish churches are a unique treasure of a kind that no other country can boast; must bona fide visitors to them be scot, quite so often, empty away?

JOHN JULIUS NORWICH, Flat No 8, 38 Courtfield Gardens, SW5, June 15.

Rule by consent

From Mr Nicholas Thorowgood Sir, Lady Trumpington (June 14) speaks more truth than she realizes.

It might very well be expensive to perfect such weapons systems but it seems money much better spent than to increase the accuracy of the nuclear deterrent (higher accuracy would not, anyway, increase the deterrent value) by introducing Trident.

Dangerous curves

From Mrs J. Huber Sir, I was intrigued by the phrase "hyperbolic swoons" in yesterday's Times (June 8). Julie Kavanagh was describing ballet dancers on the Royal Ballet's visit to China.

The swoons could have been graceful and curved like a hyperbola, or exaggerated and not very serious as in hyperbole. Was it intended to be parabolic?

The real menace lies in the increasing unawareness and intolerance in our society towards the less fortunate amongst us.

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Sufferers from Parkinson's disease, diabetes and other afflictions frequently require strict time medication. Are they to be denied access to public co-actors and the like?

Want I invent n policy

The mind of Burton



'Our support is disappearing under the waves'

Chairman, House of Fraser, June 3rd 1983

On June 30th, please vote for a demerger of Harrods. All the plans of the board require that the continuing success of Harrods must fund the rest of the House of Fraser group.

Lord Fraser, who bought Harrods in 1959, kept it scrupulously separate during his chairmanship, a policy followed by Sir Hugh and his board.

In 1977, Lonrho took a major shareholding in the House of Fraser. We have £100 million invested in the store group. Since 1980, we have become more critical of the return on investment, and most doubtful of the capital expenditure programme of the board. About 30% of the capital they invest, is, after all, ours.

We are now proposing that Harrods should become an entirely independent company, in the belief that the present policy of using its profits and prospects to fund the capital programme is not in the best interests of the group. On June 30th, after every conceivable delay, House of Fraser will allow a simple ordinary resolution to be put to the vote.

In our six years as shareholders, we have put three resolutions to the vote. In 1980, a small increase in the dividend was suggested and rejected.

Dividends have subsequently increased against lower profits. In 1981, we opposed the sale and leaseback of the freehold Oxford Street property of D. H. Evans. Today, the performance of D. H. Evans is saddled with inescapable obligations for 123 years, as a result of the leaseback. Now we hope to have your support and understanding for the proposal to amend the trading strategy to secure improved profits on your investment in the group.

It is our opinion that the success of this resolution will further strengthen the share price, which our presence as a shareholder has long enhanced and supported.

There is no unusual or legal obstacle to the demerger of Harrods. Concern at the slipping level of support prompted the chairman of House of Fraser to make his remarks and to introduce a special technical resolution. We believe that the strength of a straightforward ordinary resolution passed by the shareholders cannot be diminished, and we ask you to vote accordingly.

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MARKET REPORT by Michael Clark

Confidence in Courtaulds

ACCOUNT DAYS: Dealings began June 6. Dealings end, June 17. Contango Day, June 20. Settlement Day, June 27.

Courtaulds, one of the biggest names in the textile industry, continues to enjoy its recent re-rating. Yesterday the shares rose 1p to 89p as W. Greenwell, the brokers, easily placed the rump of the group's £68.6m rights issue announced in March.

The remaining 12 million shares were placed at 89p with various institutions. This represents about 13 per cent of the additional 91 million shares issued.

The gradual recovery in profits over the past few years has seen the shares enjoy renewed institutional support, including large buying orders from across the Atlantic. Market pundits expect the group to use the extra cash to make several acquisitions at home and abroad. Pretax profits of more than £90m are being predicted in several quarters compared with last year's £63m.

The rest of the equity market held few surprises, fluctuating in narrow limits throughout the day with the FT Index closing 0.3 up on the day at 715.7, just one day of the account left.

Oil shares maintained their solo performance as the City

continued to take a brighter view of industry prospects now that the price looks stable at \$29 a barrel.

Shell again took the lead closing 18p dearer at a high of 584p following yesterday's

Brokers Sheppard & Chase have been looking at Arlen Electrical and are excited by the group's new starter for fluorescent lighting. But they want investors to wait until the product hits the shops before committing themselves. Sheppard & Chase are looking for profits of £4.25m next year after several years of losses. The shares closed 10p lower at 249p.

Comments in The Times BP responded with a 6p jump to 420p followed by Barmah 3p to 167p, Ultramar 8p to 627p, while renewed bid talk was worth a further 6p to Tricentrol at 232p.

Britain also improved 2p to 220p, after 22p, reflecting the recent change in attitude to the group's prospects.

A stronger pound helped to staunch early losses in banks where this week's cut in bank base rates has already been discounted. Falls of up to 1p were almost wiped out by the close to leave prices mixed. The pound closed 0.3 cents up at \$1.5270.

Among leading equities BAT Industries rose 20p to 585p after news that shares of Imasco, BAT's Canadian associate, had been suspended on the Toronto stock market pending an announcement. BAT refused to comment.

Big deal was also good for another 7p rise in Bowater 212p amid hopes that the paper and pulp group would be the next sailing blue chip to come under the hammer.

Shares of Erskine House Investments were suspended at

113p ahead of an announcement from the company relating to certain acquisitions.

Mr David Wickins, British Car Auctions chairman, said yesterday that he hopes to have negotiated a refinancing deal with Group Lotus, the troubled

Shares of Prince of Wales Hotels have held steady at 108p since Taddale Investments announced its 16.3 per cent stake last week. The market is banking on Taddale taking its stake to 29.9 per cent judging by the absence of sellers this week.

Norfolk-based sports car company, by next Monday evening. Group Lotus was unchanged at 50p.

I am having meetings with the directors over the weekend and I am hopeful we will have a deal in the bag by Monday, he said. Mr Wickins said that under terms he was proposing,

British Car Auctions would inject £1.5m of cash in return for new equity which would give BCA a one-third stake in Lotus.

Mr Wickins faces competition from the Japanese car manufacturer Toyota, which has also expressed an interest in putting money up in return for equity.

However, Mr Wickins said he thought the board would favour British backing over Japanese. "We are not competing with Toyota. It may be that they will come in on an equity basis on the M90 sports car project. My package is completely different from that." BCA fell 1p to 210p.

Astaire & Co, the brokers, said it spent about £2m on behalf of clients buying 11 million shares of GRA, the greyhound stadium owners. A 0.6 per cent stake lifted GRA shares 1p to a record 18p for the year. But Astaire stressed no bid is intended or expected.

Shares of BET spurted 7p to 340p as another large buyer appeared in the market. Mr Jeffrey Sterling's Town & City Properties refused to say whether it was behind the buying.



Mr Wickins faces competition from the Japanese car manufacturer Toyota...

Table with columns: High, Low, Company, Price, Change, % P/E, Div, Yield, % P.A.

SHIPPING

Table with columns: Ship, Company, Date, etc.

MINES

Table with columns: Company, Price, Change, % P/E, Div, Yield, % P.A.

PROPERTY

Table with columns: Property, Price, etc.

RUBBER

Table with columns: Rubber, Price, etc.

TEA

Table with columns: Tea, Price, etc.

MISCELLANEOUS

Table with columns: Item, Price, etc.

UNLISTED SECURITIES

Table with columns: Security, Price, etc.

RECENT ISSUES table with columns: Issue, Price, etc.

BRITISH FUNDS

Table with columns: Fund, Price, Change, % P/E, Div, Yield, % P.A.

MEDIUM

Table with columns: Fund, Price, Change, % P/E, Div, Yield, % P.A.

LONG

Table with columns: Fund, Price, Change, % P/E, Div, Yield, % P.A.

COMMONWEALTH AND FOREIGN

Table with columns: Fund, Price, Change, % P/E, Div, Yield, % P.A.

LOCAL AUTHORITIES

Table with columns: Authority, Price, Change, % P/E, Div, Yield, % P.A.

DOLLAR STOCKS

Table with columns: Stock, Price, Change, % P/E, Div, Yield, % P.A.

BANKS AND DISCOUNTS

Table with columns: Bank, Price, Change, % P/E, Div, Yield, % P.A.

BREWERS AND DISTILLERS

Table with columns: Company, Price, Change, % P/E, Div, Yield, % P.A.

COMMERCIAL AND INDUSTRIAL

Table with columns: Company, Price, Change, % P/E, Div, Yield, % P.A.

High Low Company

Table with columns: High, Low, Company, Price, Change, % P/E, Div, Yield, % P.A.

High Low Company

Table with columns: High, Low, Company, Price, Change, % P/E, Div, Yield, % P.A.

High Low Company

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High Low Company

Table with columns: High, Low, Company, Price, Change, % P/E, Div, Yield, % P.A.

I-N

Table with columns: Company, Price, Change, % P/E, Div, Yield, % P.A.

O-S

Table with columns: Company, Price, Change, % P/E, Div, Yield, % P.A.

P-Z

Table with columns: Company, Price, Change, % P/E, Div, Yield, % P.A.

FINANCIAL TRUSTS

Table with columns: Trust, Price, Change, % P/E, Div, Yield, % P.A.

INSURANCE

Table with columns: Insurance, Price, Change, % P/E, Div, Yield, % P.A.

INVESTMENT TRUSTS

Table with columns: Trust, Price, Change, % P/E, Div, Yield, % P.A.

Sterling: Spot and Forward

Table with columns: Market rates, Forward rates, etc.

Money Market Rates

Table with columns: Clearing Bank Base Rate, Discount Rate, etc.

Other Markets

Table with columns: Australia, Bahrain, Brunei, etc.

Dollar Spot Rates

Table with columns: Ireland, Canada, Switzerland, etc.

Euro-Deposits

Table with columns: Gold, Euro-Deposits, etc.

Source: The Times

Want Investment in policy

Investment and Finance City Editor Anthony Hilton

STOCK EXCHANGES

Index 715.7 up 0.2 Gilt 83.08 up 0.08

CURRENCIES

LONDON CLOSE Sterling \$1.5270 up 0.25 cent

INTEREST RATES

Domestic rates 90 day 9 3/4

PRICE CHANGES

French 190p + 40p Zer K 25p + 4p

TODAY

Brunner Investment Swedish Match Co

NOTEBOOK

rush for the new tapstock the City wonders how much

Second Sotheby referred

he proposed takeover bid Sotheby's by Mr Alfred

CELLTECH SALE

Biotechnology Investments, the fund sponsored by the

WALL STREET

Trading volume well up

New York (AD-DJ) - Stocks held their strong gain in extremely heavy trading yesterday.

New EEC 'peace at work' plan

A new set of proposals meant to make employers and employees throughout the EEC work more closely together

Recovery at Air UK lifts B&C

British & Commonwealth Shipping has seen a substantial improvement in its profits by the turnaround of Air UK

Softly, softly approach wins top man

The appointment of Mr Robert Haslam part-time chairman of the British Steel Corporation

Exchange rates and economic policy on Paris agenda

Group of Five deputy finance ministers to meet next month

Deputy finance ministers of the US, West Germany, France, Britain and Japan will meet in Paris on July 7 to 8 to discuss currency exchange rates and economic policy issues.

US halves current deficit to \$3bn

Washington (AP) - The US had a \$3.05bn (£1.98bn) deficit, seasonally adjusted, in its balance of payments on current account in the first quarter of last year.



Pitching in: Mr Alexiou with the Spurs prospectus at White Hart Lane yesterday.

Spurs head for £1.15m rights issue

Tottenham Hotspur Football Club yesterday took the first step towards reducing the growing debts which have threatened to cripple it.

Analysts divided as M3 growth slows

Details of last month's monetary growth published yesterday give ammunition to both sides in the City's war of words over the likely course of government policy.

Whitehall secrecy pays off in search for steel chief

One of the difficulties for the Department of Industry was finding someone capable of mixing with the redoubtable Mr Bob Scholey, the BSC deputy chairman who is almost certainly to be made chief executive by the BSC board.

City Comment

Banking on technical change

Barclays' plans to restructure its domestic branch network by taking corporate business out of some smaller branches into regional centres are only a part of the wider changes in domestic banking.

Ocean sells Straits stake for £88m

Ocean Transport & Trading has sold its 58 per cent stake in the Singapore-based Straits Steamship Company to the Singapore Government-owned Keppel Shipyard for £88.4m.

Investment groups plan full listing

Two investment companies said yesterday they intend to sell their shares to the public in a full stock market listing within the next few weeks.

Montagu launches first floating rate fund

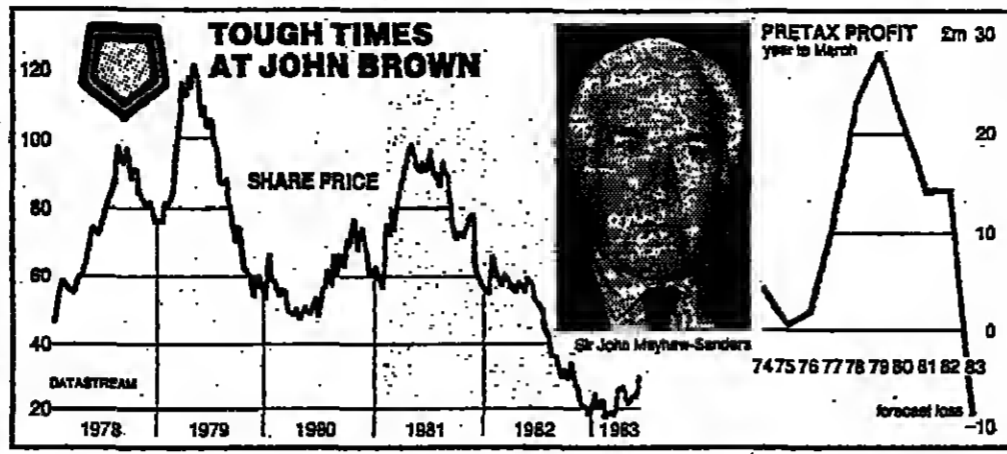
Samuel Montagu, the merchant bankers, have launched an offshore floating rate note fund. They are the first bankers to do so.

Advertisement for CPU Computers PLC. Includes text: 'SHARE CAPITAL Issued and to be issued fully paid £793,840', 'OFFER FOR SALE BY TENDER BY KLEINWORT, BENSON LIMITED OF 4,500,000 ORDINARY SHARES at a minimum tender price of 105p payable in full on application'.

صكدا من الاصل

A corporate rethink could revive one of British industry's proudest names

Change due at stricken John Brown



in as a vigorous non-executive director and now deputy chairman. Two executive directors...

They are likely to take a more balanced view of the future. After all, under Sir John Mayhew-Sanders' leadership...

But now there is likely to be a much more down-to-earth approach, with more emphasis on profitability and financial strength than size...

The turbine division, though a jewel in the crown, might have proved too much for a company of this size in the long-run...

Unless a bidder for the whole group emerges - assets outside the share price but there are problems to match John Brown will have to sort out its own machinery...

But long term it looks logical to concentrate its resources on the exciting but vulnerable international process construction and contracting business...

It is no accident that those close to the company point to Sir John Mayhew-Sanders' non-executive role at Dowry and that company's impending need for a new leader...

Meanwhile, there are some signs that orders are picking up, even in machine tools, and trading could improve sharply...

Graham Searjeant

Putting the brakes on money supply

The Last Conservative Government came to office determined to control the money supply, but completed its term with monetary aggregates growing well above target...

Minister's principal mistake was to believe that by cutting the public sector borrowing requirements (PSBR) - the Budget deficits and raising interest rates...

The banks have done everything possible to encourage this lending via an aggressive campaign which has been very successful. Interest rates - as a result of changes in the structure of credit - have now become such a blunt instrument...

This has led the authorities to place much greater emphasis on overfunding - borrowing more than the actual Budget deficit - to offset directly the impact of bank lending on the money supply.

Since the Bank of England now has the largest loan book of private sector debt of any bank in the world obtained at a not inconsiderable cost...

Perhaps the main objection to overfunding, however, is that although it makes the money figures appear acceptable in the short term, there is a heavy long-term cost in the slow development of the corporate bond market...

If the authorities do curtail the amount of overfunding, the obvious temptation is to reduce the amount of funding by having another go at capping the PSBR - especially as the PSBR currently looks as if it will breach its target...

Mike Osborne

Chairman named at Britvic

Mr Michael Jackman has become chairman of Britvic after the retirement of Mr George Inman. Mr Jackman, who is chairman of Showers, Vine Products & Whiteways...

Sir Sidney Eburne joins the board of Peasey Property Corporation as a non-executive director from July 1.

Mr Brian Sweetland, solicitor and manager of the legal department is also to take over as secretary of Friends' Provident Life Office.

Mr David Morgan, currently marketing director, becomes managing director of Avon Tin Printers, Bristol.

Mr Fian Melland has been appointed managing director of Elopak, Stevenage.

Mr Gordon McLellan is the new managing director of Mardon Composites - Whitehaven. He succeeds Mr John Adams who has retired.

Mr Trevor Heavys has been appointed manager at National Westminster Bank's Finance branch. He succeeds Mr R. P. M. Phillips who shortly finishes his tour of duty.

Mr Paul Crowe, deputy managing director of Odhams Printers, has been elected a BCCP main board director and appointed managing director of the BCCP wholly-owned subsidiary, the British Newspaper Printing Corporation.

Mr Michal Noakes, has become managing director of Cimex.

Mr L. R. Fortune, a main board director, has been appointed managing director of BCL (British Cellophane) in charge of their coverter companies in Europe and Nigeria. He also has development responsibilities for the Middle East, Northern Africa and North America.

Mr Tom Eheret, previously assistant general manager, has been appointed managing director of Comex Houlder Diving, Aberdeen, succeeding Mr Gilles Bellamy who is taking up new responsibilities in the Comex Group.

There was a certain inevitability about the current problems and the embarrassing forced restructuring of John Brown. Many of the great prewar names of British industry have either gone bust, such as BSA and Stone-Platt, or been forced to take drastic decisions to survive like Turner & Newall and hopefully prosper like Vickers. This greatest of names from the era of Britain's industrial might was a candidate for anyone's list of proud traditional companies vulnerable to the slump, the new harsh industrial realism, the upsets created by high interest rates and the huge unpredictable swings in currencies.

John Brown has traditionally prospered on exports, of machinetools, turbines and plant contracting. More recently, it has expensively bought companies in the US in a widely fluctuating dollar currency. And like many of the proud names in British engineering, its businesses - from North Sea plant to textile machinery - depend on world-wide industrial investment that has proved the greatest victim of the slump.

After years of fluctuating fortunes, John Brown reached rock bottom when it announced pretax losses of £9m and write-offs of £17m for the half-year to last September and forecast that the full year to March would produce a similar loss to set against last year's £14m profit. This undid the group's balance sheet, its traditional strength.

Suddenly, the debt more than matched the group's net worth, shown as £114m in its latest 1981-82 accounts. That is a warning to any company, particularly one that has raised £40m from the City in new shares in the past five years and antagonized both its big shareholders and stockbrokers within the square mile.

Now it is negotiating to sell Hawker Siddeley a majority stake in John Brown Engineering, the gas turbine division centred on its old Clydebank shipyard and one of its two best businesses, to shore itself up. The man at the centre of these negotiations is Sir John Mayhew-Sanders, John Brown's dominating chairman and chief executive.

Sir John will resolve the immediate debt problems of this shrinking pillar of British Engineering if he successfully

negotiated a sale of the turbine division, JBE made £1.8m profit on £94m sales in 1981-82 but has suffered amid the time-consuming political wrangling over its contracts on the Siberian gas pipeline. Hawker siddeley is to maintain a John Brown connection because of the goodwill earned in the Eastern block.

Even the sale of a substantial majority could net John Brown £30m or more, against its £40m stock market value. But it is already clear that if the group remains independent at all, the consequences of recent failures will reverberate round the boardroom. A company that has already changed its shape several times over a proud 150-year history will face another through going rethink about its future.

The original John Brown started making Springs in Sheffield, moved into steel and the forefront of railway and shipbuilding development. After buying the Clydebank shipyard in 1899, it made itself the top name in passenger liners right down to the QE2 and the era of shipyard mergers that ended in nationalisation. Most of its history was dominated by the family of Lord Aberconway, whose father and grandfather preceded his own 26-year occupancy of the chair until 1978.

Mayhew-Sanders is an accountant by family tradition, engineer by education and was a management consultant before joining John Brown, becoming chief executive eight years ago. He inherited a London-run business coterred on the unusually successful Wickman machine tool companies, old-style general engineering, the turbine business and an erratic

but highly regarded international plant contracting group that accounts for more than a third of turnover and usually the lion's share of profit.

The new chairman set about a further round of diversification and expansion, particularly by buying companies in the US. It is hard to tell whether John Brown would have been better or worse off without this. The original machinetool business lost about £4m in 1981-82 and accounts for many of the write-offs of the past three years. But Mayhew-Sanders' initiatives have produced new problems.

He bought Crawford & Russell, a complementary process engineer for \$25m, Leesa, machinery maker to the textile industry for \$80m, and

"There is likely to be a more down-to-earth approach, with more management changes, more emphasis on profitability and financial strength than size"

in 1981, most controversially, paid a hefty \$44m for the Olafsson Corporation, another machinetool maker.

In the event these acquisitions, however strategic, proved ill-timed in advance of the investment slump and the erratic movements of the dollar. They simply added to John Brown's financial problems

while adding little to its short-term trading strengths.

But Mayhew-Sanders' unpopularity in the City has more parochial causes. In the autumn of 1981, John Brown raised £24m by a rights issue that, due to the vagaries of the stock market, was left with underwriters.

Just two months later, rights issue optimism was transformed by a "dramatic further worsening" in machinetools, producing an internal stock market rumpus over dealings (John Brown was acquired) and lasting animosity in the City. This was compounded when talk of much lower profits last July ended up in the dramatic losses announced in January.

This ire attaches as much to Sir John Mayhew-Sanders himself as to any objective facts, because he has conducted, as City men say, an "aggressive and belligerent" defence of himself and his company when the money men thought penitence was more in order.

The result has been that analysts have turned their most critical spotlight on John Brown and its future. Apart from the process contracting and turbine sides, "the rest is a nightmare" says one widely followed engineering specialist. "I would like to see John Brown off my list, taken over and broken up."

Behind the scenes, more cautious City institutions have taken a subtler approach to what they see as long-term management problems - not a condemnation of Sir John, so much as modern dislike of a board where a single all-powerful executive presided over a group of often aging outsiders.

Sir John Cuckney, saviour of many a lost cause, was brought

Authorized Unit Trusts				Authorized Units & Insurance Funds				Private Fund Prices				Property Funds			
Code	Unit Name	Low	High	Code	Unit Name	Low	High	Code	Unit Name	Low	High	Code	Unit Name	Low	High
101	Abacus	100.00	100.00	101	Abacus	100.00	100.00	101	Abacus	100.00	100.00	101	Abacus	100.00	100.00
102	Abacus	100.00	100.00	102	Abacus	100.00	100.00	102	Abacus	100.00	100.00	102	Abacus	100.00	100.00
103	Abacus	100.00	100.00	103	Abacus	100.00	100.00	103	Abacus	100.00	100.00	103	Abacus	100.00	100.00
104	Abacus	100.00	100.00	104	Abacus	100.00	100.00	104	Abacus	100.00	100.00	104	Abacus	100.00	100.00
105	Abacus	100.00	100.00	105	Abacus	100.00	100.00	105	Abacus	100.00	100.00	105	Abacus	100.00	100.00

Cricket: Pakistan and Australia keep hopes alive

Quadir finally spins Pakistan to an exciting Cup victory

By Richard Streeton
Headings: Pakistan (4 pts) beat Sri Lanka by 11 runs
Pakistan snatched an extraordinary win in this Prudential World Cup when they captured the last eight Sri Lankan wickets to 12 over...

It was Abdul Quadir's leg-spin which ruined Sri Lankan hopes. In his last spell of four overs Quadir took four for 16 and he was Man of the Match by Ray Illingworth...

Scoreboard

Table with columns for Pakistan, Sri Lanka, and individual player statistics including runs, wickets, and bowling figures.

Fluent Wood helps Australia avoid a second humiliation

By Alan Ross
SOUTHAMPTON: Australia beat Zimbabwe by 32 runs
Zimbabwe did it to face again. Australia, in their second match of the tournament, were again the victors...

The Australians, smirking from the humiliation of their defeat by Zimbabwe at Trent Bridge, got off to a dash start. They took 21 off the first over...

A captain's innings: Imran Khan drives for four

Shahid was missed at slip off Ratnayake at 13, and he gave a hard return: chance to de Silva when he was 16. Shahid was finally caught at deep third man and de Mel took a fifth wicket...

Unsung hero springs to life

Among the 156 players teeing up for the United States Open golf championship, the least regarded might be player of dubious achievements from nearby Allentown, where a popular song of a decade or two ago chronicled the tragedy of a locked-up lover...

Yet he was the only leader on the first day, an achievement of 72, one over for the 6,972 yds. Oakmont country club course. Only one player out on the court at the time, Bruce Devlin, stood below par...

Table titled 'Group B' showing golf scores for various players including West Indies, Australia, India, and Zimbabwe.

Butcher toasts absent friends

By Peter Ball
Lunch, however, marked the end of Hampshire's season. Williams was looking for a more accurate but his own extravagance proved his undoing. He played one quite remarkable stroke...

Opening blood from Somerset

Glamorgan collapsed in dramatic fashion after Somerset had declared their first innings at 223 for nine at Swansea yesterday. By the close of Glamorgan, with their last pair together, were 141 for nine...

Faldo seeks power with shaven club

Nick Faldo and Gary Cullen each returned 65, four under par, to share the lead in the first round of the £56,000 Times Open tournament on the 6,045-yard Biarritz course...

Botham benefit next year

It is that their Clarence Park pitch at Weston Super Mare has been cleared of the class cricket by the Test and County Cricket Board after being reported as unsatisfactory last season...

Derby need Wood

By Peter Marson
DERBY: Essex (24 runs) beat Derbyshire (4) by an innings and 23 runs. Essex were dominant from the start...

Derbyshire need Wood

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Middlesex toast absent friends

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Derbyshire need Wood

DERBYSHIRE: Essex (24 runs) beat Derbyshire (4) by an innings and 23 runs. Essex were dominant from the start...

Various small advertisements and notices at the bottom of the page, including mentions of 'Sahar al-Arabi'.

Baseball section with league results and standings.

Boxing section with fight cards and news.

Swimming section with competition details.

Football section with league and cup results.

Equestrianism section with eventing and show jumping news.

Other sports and general news snippets.

RACING: GOLD CUP SUCCESS FOR HERN'S STABLE

Fearless Lad can speed to rare double

By Michael Phillips, Racing Correspondent

Fearless Lad has a good chance of becoming the first horse to win the King's Stand Stakes twice since Gold Bridge brought off the elusive double at Royal Ascot way back in 1933 and 1934.

Twelve months ago Fearless Lad won this famous sprint by beating Chellerton Park on equal terms. In the meantime he has shown improvement by giving the same horse a lb and a beating at Sandown.

The only occasion that Fearless Lad has been defeated this season was at the Palace House Stakes at Newmarket on June 13. Yet he lost only by a cast and was not expected to perform so well.

Howl of triumph for Little Wolf

By Michael Seely

Class was triumphant at Royal Ascot yesterday. Little Wolf stormed home by five lengths in the Ascot Gold Cup to give Dick Hern, Willie Carson and Loyd Bourne their first ever triumph in Europe's most important race for stayers.

Sharief Dancer, Sheikh Maktoum al Maktoum's \$3.3m yearling purchase, stamped himself the possible challenger to Top Gall in the Irish Sweepstakes Derby with an exhilarating burst of finishing speed in the King Edward VII Stakes and Precocious showed himself to be the best two-year-old trained in this country when easily landing the odds of 11-4 laid on Henry Cecil's colt in the Norfolk Stakes.

Strangely enough despite the coughing epidemic at West Ilsley Heron's horses have never looked in better condition. In fact, since the meteorological balloon's descent has caused a panic at the Highclere Stud.

Having gone for Never So Bold to win at Sandown a week ago I have no intention of deserting him in the Britannia Stakes, even though his weight has been increased by a penalty.



A golden victory for Little Wolf and Willie Carson. (Photograph by Bill Warhurst.)

Little Wolf is sired by Grundy and is out of Hiding Place. Unfortunately the only living daughter of the dam had to be destroyed last Saturday after a meteorological balloon's descent has caused a panic at the Highclere Stud.

Swinnum had ridden a well judged race. "The further we went the stronger he felt," said jockey. Both Michael Stoute and his head lad, Andy Andrews, also deserve full marks for judgement.

'Pits of the world' umpire is given the elbow at Bristol

By Richard Eaton

Edward James, a mature experienced and top-grade umpire, whom John McEneaney called an "incompetent" two years ago and of his decisions "pits of the world", was yesterday dismissed from the West of England championships at Bristol.

His dismissal was the outcome of his handling of a match in which he made a procedural mistake during a noisy and lengthy run in the second set of the contest in which Hank Pfister, the second seed, was beaten 3-6, 6-7, 10-8.

Programme for the final day of Royal Ascot

Table with 2 columns: Race Name, Time. Includes: 2.20 KING'S STAND STAKES (Group 1, £34,208; 5f) (16), 2.45 BRITANNIA HANDICAP (3-Y-O; £29,590; 1m) (28), 3.15 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 4.15 WOKINGHAM STAKES (E11,488; 6f) (27), 4.45 KINGS MEADOW STAKES (E11,488; 6f) (27), 5.05 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 5.35 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners).

Table with 2 columns: Race Name, Time. Includes: 6.05 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 6.35 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 7.05 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 7.35 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 8.05 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners).

Table with 2 columns: Race Name, Time. Includes: 8.35 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 9.05 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 9.35 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 10.05 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 10.35 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners).

Table with 2 columns: Race Name, Time. Includes: 11.05 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 11.35 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 12.05 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 12.35 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 13.05 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners).

Ayr

Table with 2 columns: Race Name, Time. Includes: Draw advantage: 5f, 6 high runners best, 2.15 STAIR HANDICAP (apprentices; £1,274; 6f) (7 runners), 3.45 DAMLIVING STAKES (3-Y-O selling; £267; 7f) (11), 4.15 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners).

Table with 2 columns: Race Name, Time. Includes: 4.45 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 5.15 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 5.45 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 6.15 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 6.45 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners).

Table with 2 columns: Race Name, Time. Includes: 7.15 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 7.45 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 8.15 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 8.45 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 9.15 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners).

Table with 2 columns: Race Name, Time. Includes: 9.45 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 10.15 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 10.45 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 11.15 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 11.45 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners).

Ascot results

Table with 2 columns: Race Name, Winner, Odds. Includes: 2.20 KING'S STAND STAKES (Group 1, £34,208; 5f) (16), 2.45 BRITANNIA HANDICAP (3-Y-O; £29,590; 1m) (28), 3.15 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners), 4.15 WOKINGHAM STAKES (E11,488; 6f) (27).

Hamilton results

Table with 2 columns: Race Name, Winner, Odds. Includes: 2.15 PRINCESS, 2.45 PACER, 3.15 TENDER BENDER, 3.45 AMBER WINDSOR, 4.15 ROSE CHARTER, 4.45 ABSAROKA, 5.15 WINDSOR CASTLE STAKES (2-Y-O; £8,582; 5f) (11 runners).

Lend to meet Mitton

Ivan Lendl, seeded third at Wimbledon, will meet Bernie Mitton, the African qualifier, in Monday's first round. Lendl is unlikely to be complacent for the first in a quarter, Charlie Fencov, of Australia, at the same stage two years ago.

There were some flameless matches on Monday, but Miss Navratilova took the match with a 6-1 win over Tracy Austin.

Wendy Turnbull's 6-3, 6-4 win over the sometimes desultory Australia Jagger meant that the Australian had not lost a set in any of their three matches on grass.

There were some flameless matches on Monday, but Miss Navratilova took the match with a 6-1 win over Tracy Austin.

Swiss world champions in record Henley race

Henley Royal Regatta this year, double in the Prince Philip. Also in this event are the combined Oxford and London universities together with 44 from eight overseas countries - Australia, Belgium, Canada, West Germany, the Netherlands, Ireland, Switzerland and the United States.

Lendl: a tall, dark horse with hooves of clay trying to walk taller at Wimbledon

A stranger comes to town looking for his grass roots

A week after he had won Wimbledon in 1973 Jan Kodeš, of Czechoslovakia, was back home in Prague presenting trophies at a junior tournament. Stepping forward as the under-14 winner was a comparatively frail boy who a few years later would reveal the talents capable of making him one of the greatest of all champions. It is a potential that has still to be fulfilled.

diversion of grappling with officialdom. Can Lendl, who in 1982 alone won a record 106 matches, including seven consecutive wins over McEnroe and \$2m prize-money, who in 1980 helped win the Davis Cup at the age of 20 and in 1981 was the only player to beat Borg twice, finally master the grass court surface? Yesterday, relaxed in jeans and sweater in one of those luxuriously insulated hotels where a night's stay makes it almost cheaper to fly home to America by People's Express, he said:



Will Lendl, who has not got fat on grass, show his teeth at Wimbledon?

money but when I finish tennis will perhaps not be any part of my life. So when he is out playing tennis he goes skiing in the Catskill Mountains, a day's return drive from his adopted home in Greenwich, Connecticut, or he plays golf or football with friends. This broader view of life, he believes and hopes, has an advantage to his tennis.

Lendl concedes that McEnroe and Connors on present form will take some stopping, but the sum has been shining at Queen's and practice with Wojtek Fibak - the affable 30-year-old Pole who has been his mentor for several years - has been good. Certainly the grass will be a problem, especially on the outside courts, but he agrees that the bad bounces are the same for everyone and, besides, he says with a smile, "I basically enjoy playing tennis". It is that philosophy which endeared his compatriot, Jaroslav Drobny, the 1954 winner, to Wimbledon crowds. If Lendl begins to play as he can this next fortnight, he will make an appealing alternative to the school to grunt-and-moan.

David Miller

RUGBY UNION: SIMPLE MISSION OF ALL BLACKS PACK

Back row key men for Lions

It will be unfortunate if, as seems likely, Wellington's weather lays a heavy mantle on the second international match tomorrow between New Zealand and the British Isles. The Lions, after losing a first international they could have had, have sharpened their claws and confidence over the last three matches and now feel, with every justification, that they can match the All Blacks in some aspects and surpass them in others.

From Doc Cameron, Wellington or not to take first use of the wind. Teams prepared to play rugby of near the quality as often reduced to scrambling about after kicks which go too far or are hurried back in their faces. The All Blacks, in contrast, have a simpler mission. Their main aim will be to confront and possibly defeat the Lions in the tight forward play and thereby remove the Lions attacking base. Rightly or wrongly, the All Black thinking is that the Lions need some 60 per cent possession with which to give their backs the initiative. If this can be reduced to say, 40 per cent, then the Lions' backline - not always the healthiest of fruit - will wither on the vine.

Loveridge: demanding match the Lions are good enough to win. However, should the weather turn sour, the All Blacks must be favoured. Their three Wellington backs, Wilson, Fraser and Hewson, are expert in playing the wet-weather, or wind-blown tactics their home ground demands.

Football Maxwell tries again Robert Maxwell has made another takeover bid for Reading Football Club. However, the Oxford United chairman's written offer of £3 a share is unlikely to meet with much response as major shareholders are firmly committed to Roger Spence, expected to be confirmed as chairman at an extraordinary general meeting on Reading on Tuesday. Meanwhile, Reading director Roy Trenter has called on the Football League to "step in and put a stop to Mr Maxwell's antics". They are "venting Reading football club from making plans for the future".

YACHTING

Connor reaching his pique

In the fourth of a series on the America's Cup, BARRY PICKER, THALL, hears Dennis Connor's assessment of his challengers. In what must be the most concerted effort yet to wrest the America's Cup from the New York Yacht Club, where it has remained for 132 years, seven challenging nations are vying for the trophy. The American syndicates three to one, yet remain underdogs for the challenge, which begins tomorrow.

defender's berth is Tom Blackaller, a 43-year-old Californian and twice Starclass world champion. Blackaller and his team operating on a much smaller budget than the Fort Schuyler syndicate, have persevered with just one new 12, a Pedrick design aptly named Defender which they are trialing against Connor's 40-year-old Californian, who brought a new level of professionalism to the America's Cup three years ago when his intense two-year campaign resulted in a 4-1 victory over Alan Bond's Australia.

SWIMMING

Poulter out so Davey will be busy

An attack of glandular fever has caused Stephen Poulter, the Commonwealth Games silver medal winner, to withdraw from the England team which is to compete at the end of July. A fully-fit Poulter could reasonably have been expected to challenge for medals in the 400 metres individual medley and 200 metres butterfly events at the championships in Rome in August.

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CLUB AND VILLAGE CRICKET

A mantle waiting to be picked up

With Scarborough, the 1981 and 1982 national club champions already out of this season's competition, the way is open for the introduction of a new sponsor to coincide with the inscription of a new name on the William Haig Cup (formerly the John Haig Trophy).

pairing with Richmond awaiting the winners. Camrose, who were the surprise national semi-finalists last year, are through to the last four of Group 16 against Paignton; Old Hill, who were beaten by three runs by Scarborough in last season's semi-finals, and who are the leaders of the powerful Birmingham League, host a home game with Shrewsbury on Sunday in search of a place in the final of the North Midlands-based Group 12.

club and village cricket. Fagnans (like Scarborough, competition winners in both of the previous two seasons) reached the final of the Dyfed and Glamorgan group with a dramatic victory of Ynyngwern, who lost their last two wickets in falling to score the seven runs needed off the final over.

Business opportunities section containing various ads: Steel Processing Business for Sale, Guernsey Channel Islands, Carcom, Franchisor or Franchisee?, Distributors and Agents, For Sale by Auction, PALL MALL No Premium, NEW ICE STADIUM for sale or lease, W2 (Off Edgware Road), ANCIENT WINDMILL, Rivals into youth final, World famous Lone Star Cafe.

DEATHS, MARRIAGES, DEATHS AND FUNERALS... ANNOUNCEMENTS AUTHENTICATED BY THE NAME AND PERMANENT ADDRESS OF THE PERSON...

ANNOUNCEMENTS... JOIN THE CAMPAIGN AGAINST CANCER... THE CANCER SOCIETY OF GREAT BRITAIN...

HOLIDAYS AND VILLAS... JULY 4 & 11 FROM £199 pp... JULY BARGAINS FOR HOLIDAY...

PERSONAL COLUMNS... HOLIDAYS AND VILLAS... LATE SUMMER BARGAINS... LAST MINUTE BARGAINS...

RENTALS... BLANDFORD STREET, W1... CLEVELAND GARDENS, W2... SMALLBROOK MEWS, W2...

APPOINTMENTS... PUBLIC NOTICES... NON-SECRETARIAL APPOINTMENTS... TEMPORARIES...

General Appointments... Teach in North Africa... The Oil Companies School located in Tripoli, Libya...

BIRTHS... ROSEBAW - On June 10th, at 12th Avenue Hospital...

HOLIDAYS AND VILLAS... STERLING TRAVEL... GATAI... TORONTO - VANCOUVER...

PILGRIM-AIR... ITALIAN FLIGHT SPECIALISTS... PILGRIM-AIR LTD... AUSTRALASIA AND WORLD WIDE...

LAST MINUTE BARGAINS... INCLUDES HOLIDAYS... RETURN FLIGHT... VENTURA HOLIDAYS... SERVICES...

SITUATIONS WANTED... TWO YOUNG MEN... ATTRACTIVE LADY... LADY SEES PART-TIME TRAVEL AGENCY...

Bernadette of Bond St... Receptionist £7,000... TEMPORARIES... I don't need temporary secretaries...

TELEPHONE SALES CONVERSERS £8,000+... Immediate vacancies exist for top class telephone salesmen...

MARRIAGES... FERGUSON-RICH - On 4th June at St. George's Church...

FLIGHTS TO GREECE... BEST OF GREECE... JULY/AUGUST VACANCIES... THE FRENCH SELECTION...

GREEK ISLANDS... UP, UP AND AWAY... FLIGHTS TO A HOST OF AIRPORTS IN THE UK...

FOR SALE... UNFINISHED flat... VIDEO AGE... BEAUTIFUL BUNGALOW... WIMBORNE CENTRE COURT...

CLUB ANNOUNCEMENTS... FLAT SHARING... YACHTS AND BOATS... MUSICAL INSTRUMENTS...

DECLARATION OF DIVIDENDS... CANADIAN PACIFIC LIMITED... NOTICE TO HOLDERS OF EUROPEAN DEPOSITARY RECEIPTS...

John Jefferson United Newspapers PLC... Telephone Sales Conversers... COMPANY NOTICES... LEGAL NOTICES...

DEATHS... BENNETT ALICE - On June 10th, wife of Richard...

CORFU BARGAINS... COSTICUTS ON FLIGHTS/MOLS... NEW YORK... GREEK ISLANDS...

FLIGHTS TO GREECE... GREEK ISLANDS... GREEK ISLANDS... GREEK ISLANDS...

FOR SALE... UNFINISHED flat... VIDEO AGE... BEAUTIFUL BUNGALOW... WIMBORNE CENTRE COURT...

CLUB ANNOUNCEMENTS... FLAT SHARING... YACHTS AND BOATS... MUSICAL INSTRUMENTS...

DECLARATION OF DIVIDENDS... CANADIAN PACIFIC LIMITED... NOTICE TO HOLDERS OF EUROPEAN DEPOSITARY RECEIPTS...

John Jefferson United Newspapers PLC... Telephone Sales Conversers... COMPANY NOTICES... LEGAL NOTICES...

DEATHS... HAMMOND - On June 15th, peacefully in hospital...

EUROPEAN FLIGHTS... EXCEPTIONAL TRAVEL OFFER... CAP'S ANTICIPATE... GREEK BARGAINS...

FLIGHTS TO GREECE... GREEK ISLANDS... GREEK ISLANDS... GREEK ISLANDS...

FOR SALE... UNFINISHED flat... VIDEO AGE... BEAUTIFUL BUNGALOW... WIMBORNE CENTRE COURT...

CLUB ANNOUNCEMENTS... FLAT SHARING... YACHTS AND BOATS... MUSICAL INSTRUMENTS...

DECLARATION OF DIVIDENDS... CANADIAN PACIFIC LIMITED... NOTICE TO HOLDERS OF EUROPEAN DEPOSITARY RECEIPTS...

John Jefferson United Newspapers PLC... Telephone Sales Conversers... COMPANY NOTICES... LEGAL NOTICES...

DEATHS... BARRER - On June 17th, peacefully in hospital...

ANNOUNCEMENTS... FACT... DIABETES... IN MEMORIAM...

FLIGHTS TO GREECE... GREEK ISLANDS... GREEK ISLANDS... GREEK ISLANDS...

FOR SALE... UNFINISHED flat... VIDEO AGE... BEAUTIFUL BUNGALOW... WIMBORNE CENTRE COURT...

CLUB ANNOUNCEMENTS... FLAT SHARING... YACHTS AND BOATS... MUSICAL INSTRUMENTS...

DECLARATION OF DIVIDENDS... CANADIAN PACIFIC LIMITED... NOTICE TO HOLDERS OF EUROPEAN DEPOSITARY RECEIPTS...

Contracts and Tenders... INVITATION TO TENDER OIL AND NATURAL GAS COMMISSION... Tender No. BOP/SP/RIGS(CH)6/83...

ANNOUNCEMENTS... THE RESTAURANT... ALX-PROVENCE... FURNERAL ARRANGEMENTS...

ANNOUNCEMENTS... FACT... DIABETES... IN MEMORIAM... FURNERAL ARRANGEMENTS...

ANNOUNCEMENTS... FACT... DIABETES... IN MEMORIAM... FURNERAL ARRANGEMENTS...

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